



## POSITIVE SOCIAL SUPPORT NEWSDIGEST

A "BEING ALIVE" PROGRAM

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For people who are HIV  
positive  
and for those  
who are supportive

### Tree of Hope

The LAMBDA Community Center's annual "Tree of Hope" fund drive is under way. The Tree of Hope was conceived as a way to honor those who have gone before us in the fight against AIDS while at the same time raising money to provide hope for those yet to come. To help you to better understand what it is we are working to accomplish, we present a letter from Franklin Kakies, Director of the LAMBDA Center's AIDS Response Programs.



Dear Friend,

Imagine a world without AIDS. Hard to do, isn't it? And yet, if we don't try to envision that possibility, where will we ever find the hope to continue our fight against this nightmare that seems to be doing its best to kill our friends, our community, and our collective spirit.

This letter invites you to join us in hope. Here at LAMBDA, much of that hope is centered around our commitment to HIV education and prevention, which we are convinced holds the hope of the future.

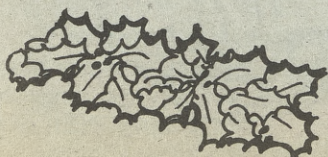
The Tree of Hope is our major yearly fund-raiser for the AIDS Response Programs at the LAMBDA Community Center. Like the programs themselves, it is the brainchild and legacy of our late Executive Director Tim Warford, who died of AIDS, age 30, on June 28, 1990. Tim left behind a frame-work of programs that continue to serve our community in addressing this on-going need. Last year, our informational newsletter, the *Positive Social Support Newsdigest*, reached over 20,000 people with its message of hope and encourage; more than 8,000 Gay and Bi-sexual men at risk for HIV were reached by our safer sex outreach teams; in addition, Coming Out Group, Youth Group, the Being Alive Living room, the "Keeping It Up!" workshop, and LAMBDA U, all served to foster and reinforce a rising tide of empowerment and self-esteem in a community hard-hit by grief and loss.

We are most fortunate, in that a grant from the County Health Department helps to make these AIDS Response Programs a reality. However, there are gaps in our funding, and unfortunately, they continue to widen. Although this year's grant represented a 10 percent increase over the previous year's, to our dismay, this grant has been cut by 5 percent due to the State budget 'crunch'. We have no room to cut -- staff or programs. Quite simply, this means we have to raise more money, and rely yet more strongly on our volunteers, without whom we couldn't even exist.

Ten years into the epidemic no one was prepared for, new infection rates, especially among Gay youth, people of color, and women, are startling. We *can* only continue. Please say you care about our community and make a contribution to the Tree of Hope. If everyone who receives this letter were to donate even \$10, the difference that could make would be enormous.

The late 18th century English poet Alexander Pope wrote the oft-quoted line, "Hope springs eternal in the human heart." Please find it in your heart to help us in our effort to **STOP AIDS NOW**.

If you would like to make a contribution to our effort, please send your tax-deductible donation to: Tree of Hope, c/o LAMBDA Community Center, P.O. Box 163654, Sacramento, CA 95816. You will then be sent an ornament, on which you may name the person you wish to honor. Your ornament, along with the others we receive, will be placed on the Tree of Hope in the LAMBDA Community Center through the end of January.



Yours ... in hope!  
Franklin John Kakies  
Director, AIDS Response Programs

### Experimental Drug ddl Receives FDA Approval

by Arturo Jackson III  
HIV/AIDS Editor  
the latest ISSUE

The experimental AIDS drug, ddl (dideoxyinosine), has been granted Food and Drug Administration (FDA) approval. The drug ddl, like AZT, belongs to the nucleoside analogue class of approved and experimental treatments which act against HIV by becoming integrated with the genetic material contained in the human cell and subsequently slows progression of the virus.

The FDA approval of ddl, developed by Bristol-Myers, makes the drug the second government sanctioned treatment for individuals diagnosed with AIDS. The October announcement by the FDA coincided with the drug's approval by Canadian regulators, an "historic" joint review of ddl by two nations stated Louis Sullivan, U.S. Health and Human Services Secretary.

"The overriding importance of this action is that it offers a new means of defense against the AIDS virus and thereby brings hope to those who can-

not benefit from AZT," stated David Kessler, FDA Commissioner. The FDA considered the urgency in expediting the approval of promising treatments when approving ddl for adults and children no longer benefitting from AZT.

"Kessler and the FDA are to be commended for adjusting policies to meet a crisis situation," stated Dr. Mervyn Silverman, president of the American Foundation for AIDS Research.

Thousands of individuals utilizing long-term AZT therapy have experienced toxic side effects, forcing many to discontinue treatment with the drug. While ddl will be an alternative treatment therapy for these individuals, side effects have also been associated with ddl. These include pancreatitis, a potentially fatal inflammation of the pancreas, diarrhea, and nerve damage that can cause numbness, tingling and pain in the hands and feet.

"We've seen no deaths directly attributable to AZT," stated Dr. Marcus

See Drug on page 15

### Women AIDS Patients Get Insufficient Treatment, Expert Says

By Cheryl Clark

The head of the National Commission on AIDS says it is "shocking our nation hasn't taken the most rudimentary step" to control the spread of AIDS to women by assuring access to drug treatment for all who want it.

Dr. June Osborn, dean of the University of Michigan School of Public Health, was a keynote speaker at the opening of a three-day conference in San Diego in October on women and AIDS sponsored by UCSD School of Medicine and the Comprehensive Health Center.

Osborn said that as the nation counts its 200,000th case of AIDS this week, "women now are the fastest growing category of AIDS cases in the country."

According to statistics compiled by the federal Centers for Disease Control (CDC) in Atlanta, the number of adult and adolescent women diagnosed with the disease has grown from 8 percent of 74,239 cases in September 1988 to 10.3 percent of the 192,406 cases as of last month.

"(Women) are steadily beginning to dominate" the statistics, with more women now diagnosed with the disease in the United States than the total number of AIDS cases in most countries," Osborn said.

Nevertheless, she said, there "is a failure of the public to even think of women as part of this epidemic," vulnerable to transmission through shared intravenous needles and unprotected sex.

The independent commission, estab-

See Women on page 15

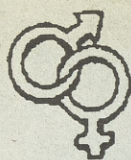
### Businesses Help Ease Financial Pinch!

by Sonya Cox

Many people fighting HIV disease find themselves seeking ways to get more out of their dollar, especially if they're trying to survive on limited incomes. It's not surprising, therefore, that more and more people with AIDS and ARC are discovering there's another side effect to deal with: financial insecurity. But there's help available out there, and there's more on the way. Most of it is coming from

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- \* The Editors reserve the right to refuse any submitted material for any reason.
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# Letters to the Editors

*(After years of involvement in the AIDS epidemic I have found myself continually touched by the personal stories of people with HIV/AIDS. In the July/August 1991 issue of PSSN we ran a story about HIV in prisons. Since that article appeared I have received letters from inmates at the California Medical Facility at Vacaville revealing their personal struggles with HIV and attempts to cope with the prison system's treatment of this disease. Their perspectives offer a unique insight into an extremely high risk population often forgotten by society. These letters are being printed exactly as they were received.)*

Sheila R. Enders  
Co-Editor

Dear Editor,

Thank you so much for printing the article "Commission Reports on HIV in Prisons (July/August 1991 PSSN)" and for placing it under the correct title "Political News." Also the report is accurate concerning the system being unresponsive, lacking proper medical care, and stigmatization and discrimination in a myriad of ways.

For a minor example, "food," we are not given the same choice of food because we are HIV, they send the food to us, whereas everyone else goes to get their food. Consequently, our hot food is usually cold, and our cold food is usually hot, including milk, ice cream, health shakes, etc. For lunch we get a bag or box lunch everyday, whereas everyone else gets a better lunch and they also get hot lunches on weekends, we do not because we are HIV. Some of us need special diets or religious diets, and we are also denied these because we are HIV. We need the high protein or other special diets because of our assorted health problems, and yet we are discriminated against.

Some of us have low T-cells and cannot hold down the normal greasy food. I myself had only 271 T-cells, I ask for a diet protein tray because of greasy food and I am a vegetarian, I've been getting the run around, even though a doctor ordered it. Now 60 days later I only have 171 T-cells, once a person gets under a 100 its rare they make it back up, or live long. It is very sad, stressful, and cruel treatment we are getting because we are HIV. Plus it sometimes takes up to 30 days to see a doctor, and the MTA's, are not allowed to give us anything at all.

Your article also had a comment concerning the failure of prisons to take advantage of the prison setting as a pivotal public health opportunity to educate for prevention of HIV and begin humane care for us already infected. There is no education here in Vacaville, there is the complete opposite. This place is where 80 percent of all California prisoners are sent who are homosexual, transsexual, mentally ill or cripple.

However, only HIV patients are kept isolated, two units next to each other, but the only contact is at night gym or movie once a week. Then some of us are allowed to go to the mainline to U-wing, but only some of us, the yard stick they use is different for everyone. They told me I cannot go, because I have too many points, other people on disciplinary, others have drug or sex offenses.

Sex is occurring on a large scale, there is no forced testing, so you have a lot of people who won't test because they do not want to be segregated or

discriminated, some don't want to know, some don't care, some know they have it and enjoy spreading it so this place is a melting pot for HIV. People are having sex not knowing and not caring, others know you have it and still want to have sex with you, others offer to buy your blood for various reasons. They don't know that even if both people are HIV you are still hurting yourself and open for TB, hepatitis, herpes, etc. So this is politics. Your article was correct again when it stated "no other institution in this society has a higher concentration of people at substantial risk of HIV infection." Because if everyone had to test here I am certain over half the population will test positive.

Politics is war without weapons or blood. However this case is genocide!

Waiting to Die  
Bhakta C. W. Perry

Dear Mr. Perry,

Thank you for your most informative letter. I understand the conditions in prison for HIV-infected individuals are a nightmare and unfortunately the attitude of most is "oh well, they are prisoners, why should they expect to have special treatment." My feeling is that you are all human beings and the minimal amount of medical care you are offered is an atrocity.

I have worked long and hard enough against this disease to know it makes absolutely no difference who has the disease or how they contracted it, all deserve to be treated and no one should suffer the indignity of the prison circumstances.

I wish I had the answers for you in terms of how to get dietary needs met, etc., but it will be at best an extremely slow process, probably taking years to accomplish. We, at PSSN in our own small way, will continue to highlight the problems in the prison system and do what very little we can to bring these circumstances to the minds of the public. We can only hope that someone will finally put two and two together and see that education among people in prison about HIV and the medical needs of incarcerated PWA's can no longer be ignored.

I would like to ask your permission to reprint your letter as a "Letter to the Editor" in PSSN. You may not wish to have your name in print and we will certainly respect that, however I feel that the information you have shared is extremely important and would like to share it with others. Possibly it will encourage more letters like it, more

information to show to the people who might be able to start the process of accessing better medical care. If enough people write and tell us what is happening, maybe, just maybe, we can start opening the door to understanding.

Sincerely,  
Sheila R. Enders  
Co-Editor

Dear Sheila,

I'm an inmate at the California Medical Facility in Vacaville, Ca. I have full blown AIDS. I became aware of your publication and your concern about PWA's who are incarcerated through Mr. Charles W. Perry. It's good to know that there are people on the outside that cares and are willing to listen. In an environment such as this there are too many people who don't care and of the medical staff who do care their hands are tied.

We have three AIDS specialists who are excellent doctors but who are so overworked and outnumbered by patient to doctor ratio they are unable to perform their duties adequately. I have information from a very good source that there is another doctor who will commit himself to work here but the state is dragging its feet about signing a contract. Is it because of budget cuts or is it as the source told me that the state is not concerned about treating PWA's who are incarcerated? I find this too easy to believe because if the state can neglect the elderly and the young why not PWA?

Let me share my personal story with you. This violation started July 5, 1991 at San Joaquin County Jail where I was placed in a single cell and told I'd see a doctor the following day (which I didn't) and to keep the fact that I had AIDS to myself for my own safety. I left the County July 9, 1991 and arrived at DVI the same day where my ordeal began.

See Letters on page 15





# HIV+ and Your Dental Health

by Joan Greenfield RDAEF, MS

Brush and floss after every meal, see your dental professional on a regular basis, use fluoridated toothpaste..... Advice you've heard for years?... Probably... but is it valid and does it work for the HIV+ and AIDS patient?

For the healthy, non-infected individual, a dose of professional dental care, mixed in with good daily oral hygiene, will go a long way in preventing dental disease. Notice I said GOOD oral hygiene care, which isn't the once a day, 10 second brush or the floss when you have something wedged between your teeth routine. Good oral hygiene does include a couple of simple procedures to remove or rub away the colonies of bacteria (plaque) that form on and around your teeth, and cause dental disease. The toothbrush is the standard device for removal of plaque from the biting surfaces, tongue side and cheek sides of the teeth, while floss is used between the teeth, where a brush will not reach. To this basic routine can be added the use of oral irrigation devices like a Water-Pik, antimicrobial rinses, and a whole gamut of other devices for special problems that your dental professional may advise. But the important part is that you use these cleaning devices on a daily basis.

For those individuals who are HIV+ or have developed AIDS, it becomes even more important to maintain good oral

hygiene and seek professional preventive dental care. Because the immune system is no longer providing the same level of protection, the oral environment becomes more susceptible to dental diseases. Oral opportunistic infections are often early indicators of an HIV+ status. Conditions like gingivitis and periodontitis often progress at a rapid rate, and can become a major problem in a short time period in the immunosuppressed individual. Professional treatment for both HIV-gingivitis and HIV-periodontitis is available and should be sought immediately since these conditions can lead to tooth and supportive tissue loss. Avoid the use of hydrogen peroxide rinses at all, or Peridex rinses prior to seeking professional treatment, since they can cause further problems.

The most important considerations for the HIV+ and AIDS patients are meticulous home care, aggressive professional care, and checking your own mouth between professional visits for anything that seems unusual.

With all that said, where do you obtain good dental care? If you are private pay or have dental insurance, a

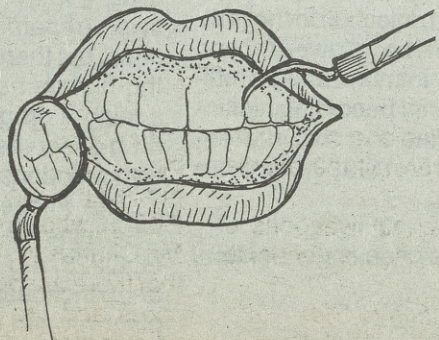
regular general dental practice should be able to take care of your preventive dental needs. If you have difficulty finding a good dentist, you can call the Sacramento District Dental Society for a list of practitioners taking new patients 916/ 448-2437. If you have Denti-Cal,

it is more difficult. Or at least has been in the past. The California Denti-Cal system has recently been changed to encourage more dentists to accept Denti-Cal patients and these new changes will hopefully increase access to dental treatment for more individuals. To access Denti-Cal call 386-1620.

In the meantime, cleaning, x-rays, and preventive dental care can be obtained at the Sacramento City College Dental Health Clinic 916/449-7303 (call after February for appointments).

Also, watch for information soon regarding the opening of two new dental health clinics, for Medi-Cal patients only, in the Del Paso Heights and Rancho Cordova areas.

Joan Greenfield RDAEF, MS, is a full-time faculty at Sacramento City College, has done volunteer work for the UCD Medical Clinic for AIDS and Related Disorders, and was a member of The Sacramento Aids Foundation Speakers Bureau.



## CDC: 43 Million in U.S. Have Sexually Transmitted Diseases

United Press International

ATLANTA -- As many as 43 million Americans may have acquired incurable sexually transmitted viral infections -- 30 million cases of genital warts and 1 million HIV infections, the federal Centers for Disease Control (CDC) estimates.

"Viral sexually transmitted diseases, including human immunodeficiency virus, are not curable. Once infected, the host remains infected for life," the CDC said in its latest overview of the sexually transmitted disease (STD) problem in the United States.

The 43 million cases of incurable virus-caused infections are in addition to the millions of curable STDs, such as syphilis, gonorrhea and chlamydia, the CDC said.

The public health agency, in a 174-page "Sexually Transmitted Disease Surveillance 1990," said 12 million people contract a sexually transmitted infection each year in the United States with two-

See CDC on page 13

## Smaller Counties Now Touched By AIDS

by Jon Engellenner

The AIDS epidemic challenged Debra and Michael Rosenberg of Nevada City to speak out, not retreat.

The Rosenbergs, who married after meeting at a support group of people infected with the AIDS virus, went public about their condition a few months ago and invited the Grass Valley newspaper over for an interview. The response was supportive and illuminating, said Debra Rosenberg, 36.

"There were flowers on my desk. I've had a number of people come up and tell me they had no idea anybody up here had AIDS," said Rosenberg, an office worker.

"Coming out is very important," said her husband, Michael, 53, a former newspaper editor. "Living in isolation and fear is in itself a great source of pain and not good for your health. People with HIV need to be recognized as a tremendous asset to society for education."

The couple's story is likely to become less unusual in the foothills as health officials report more cases of AIDS or the AIDS virus.

All but two of California's 58 counties

have logged AIDS deaths, according to the state Department of Health Services. Only Alpine County, with 1,135 residents, and Mono County, population 10,243, have yet to be touched by the epidemic. Health officials in other counties suggest that Alpine and Mono counties inevitably will join the list.

While state data puts the El Dorado County's AIDS tally at 35, the county's AIDS task force puts the figure at 44. Of that total, all but a handful have died, according to Dick Wright, task force vice president.

The incidence of acquired immune deficiency syndrome in the county is about 28 cases per 100,000 population, compared with 20 in Amador and Nevada counties and 17 in Placer, according to the state Department of Health Services. By comparison, Sacramento County's rate is 69 cases per 100,000 people, and in San Francisco, which has been hard hit by the disease, it is 1,380 per 100,000.

Both the rate of AIDS and the rate of people testing positive for the AIDS virus are growing, but numbers are hard

See Smaller on page 13

## For Good Advice ... Go to Hellena Handbasket



Miss Hellena's mail-box has been sadly empty these last few weeks (please see below). In order that she should fulfill her obligation for the November/December PSSN, she has undertaken to give her readers a bit of 'unsolicited' advice in the form of a combined book-review and "fan letter."

The book in question is *Advocate Adviser* by long-time *Advocate* columnist Pat Califia. To begin, Miss H. would like to publicly acknowledge that it is Ms. Pat (and not, as some have suggested, the erstwhile Miss Manners) who is the true inspiration for "Go to Hellena ...": and it is in that sense that this review also serves as fan letter.

It would be hard to imagine a stronger or more direct voice than that of Pat Califia. The advice she so generously gives her readers is, at all times, both

sensible and sensitive. On subjects ranging from Safer Sex to relating to one's 'in laws,' her suggestions are direct, good-humored, and pragmatic.

Perhaps a quintessential example is this excerpt from the advice Ms. Pat gives to the woman who is contemplating a three-way arrangement with two girlfriends she is very fond of:

"It is possible to have a long-term triangular relationship if the three parties are kind to one another. It's also imperative for the odd girl out to be mature enough to pull on her boots and go looking for something or someone else to do when her noncontiguous significant other is busy dating the Other Woman."

I did say "direct, good-humored, and pragmatic" didn't I? I would also, however, add non-judgmental to the most remarkable and admirable degree.

I believe that one of two things is necessary to be a truly successful advice columnist: either the ability to suspend one's own prejudices to a remarkable degree, or (preferably) a particular open-mindedness to (and affectionate regard for) human variation. It is this latter quality that makes the writing of Pat Califia so singular. Believing, as she so strongly does, that nothing human is foreign to her,

See Hellena on page 13



# Treatment News

## HIV Negative Volunteers Needed for New Vaccine Trial

by Arturo Jackson III

The first inoculation of a new vaccine designed to prevent HIV infection was given on October 23 to volunteers at San Francisco General Hospital. The injection of the vaccine, gp120, in combination with an "adjuvant" called MF59/MTP-PE in study volunteers, marked the first time the combined vaccine therapy has been tested in human research participants.

Researchers monitoring the Phase I safety trial hope to recruit 34 volunteers between the ages of 18 and 50, who test HIV-negative and are in good health, according to Dr. James Kahn, M.D., University of California assistant clinical professor of medicine and the study's principal researcher. "It is important that people realize that this vaccine trial is designed for people who have not been exposed to the HIV virus," Kahn said.

"This is a excellent candidate for an AIDS vaccine, both because the antigen gp120 seems to generate neutralizing antibodies from a number of different viral isolates and along with MF59/MTP-PE is a very potent combination, perhaps allowing people to make higher

levels of antibodies," Kahn said. The vaccine, gp120, is a replica of the outer viral protein coat of HIV. Researchers are hopeful that the use of MF59/MTP-PE as an adjuvant will overcome the weak immune response associated with previous potential vaccine models.

"This is a synthetic vaccine, not a killed virus," stated Kahn. "There is no reason to suspect that one could get AIDS or HIV infection from being immunized with this vaccine." According to Kahn, trial participants have a 50 percent chance of testing positive for antibodies to HIV after being inoculated because of the anticipated human body's immunologic response to the vaccine.

"This is our second vaccine study for people who are not infected with HIV," Kahn said. "We are looking for a safe and effective vaccine against HIV just like others looked for and found one for Hepatitis B. In this trial we are investigating the outer coat of HIV, which we think shows promise as a vaccine candidate."

The gp120 protein model is based on the SF2 HIV strain isolated by Jay Levy, MD, UCSF professor of medicine. The vaccine model, gp120, is manufactured utilizing recombinant DNA technology

developed by the Biocine Company, a joint venture of the Chiron Corporation of Emeryville and Ciba-Geigy Ltd., of Basel, Switzerland.

Volunteers are earnestly being sought for the vaccine therapy trial. Said Kahn, "We have a commitment to assuring access to clinical trials to everyone in the community, to assure that all groups who have an interest, regardless of sex or race, are represented. We are turning to the community now to ask them to help us in recruiting volunteers so we can obtain results quickly."

Volunteers will be interviewed and those who meet the entrance guidelines will receive three immunizations, one at the beginning of the study, another a month later and a final immunization six months later. Volunteer participants will be immunized by an injection in the arm. Trial participants will be followed for one year after the first immunization. Individuals interested in becoming volunteers for the vaccine trial that are encouraged to call 415/476-9296 for more information.

-- San Francisco Sentinel

## Phase II Trials of GLQ223 (Compound Q) Begin

by Arturo Jackson III

Phase II trials for the anti-HIV drug, GLQ223, commonly known as Compound Q, began in October.

Upon analysis of research data from the Phase I safety testing of the drug, researchers with Genelabs Technologies Inc., concluded that GLQ223 has "an acceptable safety profile" when administered alone or in combination with AZT. "It took us two years just to gradually work up from two micrograms to 200 micrograms in patients safely," stated Edgar Engleman, Genelabs research director. "It would have been great if there had been a clear-cut answer (regarding the drug's effectiveness) but there wasn't. Adding a drug to the human body is very different from adding a drug to a test tube. Now the drug deserves to be judged objectively, with emotions and publicity set aside."

The Phase II trials are designed to determine the anti-HIV effectiveness of GLQ223, a U.S. version of the Chinese drug trichosanthin, both consisting of plant protein extracts from the root of the trichosanthin kirilowii, a Chinese cucumber. The drug, trichosanthin, has been used as an abortion drug for many years in China. It has demonstrated potent effectiveness against HIV in test tube experiments. However, dangerous side effects have been noted in underground trial volunteers with severely impaired immune systems.

Two men with severely compromised immune systems monitored in the Project Inform trials lapsed in comas, with one later dying. Several other deaths have been directly or indirectly attributed to the use of Compound Q. Life-threatening toxicities associated with the drug include neurological and allergic reactions.

In test tube experiments, researchers determined that the drug appeared to inhibit HIV replication in T4-helper and other immune cells while selectively killing HIV-infected T4 cells. The test tube research also showed that the drug left uninfected immune cells unharmed, adding to trichosanthin's potential as an anti-HIV treatment.

Researchers report that virtually all neurological side effects, especially severe cases, have occurred in individuals with less than approximately 100 T4 helper cells. The risk is reportedly even greater in individual's with a T4 helper cell count less than 50.

## Study of Drug to Prevent Toxoplasmosis Recruits Volunteers

by Arturo Jackson III

Researchers recently announced the initiation of an American Foundation for AIDS Research (AmFAR) funded multi-center study to determine the benefits of the drug pyrimethamine as an effective prophylaxis for toxoplasmosis.

The study is designed to prevent the onset of toxoplasmosis encephalitis, a brain infection resulting from exposure to a parasitic toxoplasma microorganism in individuals with HIV infection and severely compromised immune systems. The toxoplasma microorganism is usually transmitted to humans through contact with the feces from an infected cat and consumption of raw or undercooked meat from other animals. Indi-

viduals with HIV infection and exposed to the toxoplasma microorganism have a 20 to 30 percent chance of developing toxoplasmosis for which currently there is no effective preventive treatment.

Clinicians at 10 community-based clinical trial (CBCT) centers across North America are currently enrolling patients in a large, simple trial of the drug pyrimethamine, in an innovative new study funded by AmFAR, according to a statement released by AmFAR's, Dr. Joel Weisman. The study, the first multi-site trial ever conducted without governmental or pharmaceutical industry funding, is enrolling patients at CBCT centers in Redwood City, Los Angeles, San Diego, Boston, Dallas, Miami, New York City, Philadelphia, Toronto and Washington,

D.C.

"Pyrimethamine is very promising as a preventive treatment for toxoplasmosis but has been shown to cause anemia and lowered white blood cell counts at a high dose," states Dr. Bill Lipil, principal investigator at the AIDS Community Research Consortium in Redwood City. "We can identify those who have been exposed to the parasite and this study will determine if pyrimethamine works and at what dosage the drug is safe and effective in preventing onset of toxoplasmosis," the physician added.

The multi-site trial dictates that participants in the study demonstrate a T-cell count of less than 200 and exposure to the toxoplasma microorganism, determined through a simple blood test. The drug pyrimethamine is being donated by its manufacturer, Burroughs Wellcome Inc.

"We are all very excited by this new trial -- not only for the chance to develop an effective prophylaxis for toxoplasmosis, but also to demonstrate that large, simple trials conducted simultaneously at several different CBCT centers can produce needed answers quickly, and at a relatively low cost," Dr. Weisman stated. The following centers in California are taking part in the study:

REDWOOD CITY, AIDS Community Research Consortium, Stan Deresinski, MD, 415/364-6563;

LOS ANGELES, Southwest Community-Based AIDS Treatment Group, Bisher Akil, MD, 213/469-5888;

SAN DIEGO, San Diego Community Research Group, David W. Feigal, MD, 619/291-2437.





## AIDS Leadership Lacking, Panel Says

Associated Press

WASHINGTON -- A continued lack of leadership growing indifference and scarce resources are crippling the fight against AIDS, "the domestic crisis of our time."

"Our nation's leaders have not done well," the National Commission on AIDS said. "Articulate leadership guiding Americans toward a proper response to AIDS has been notably absent."

It was the first comprehensive report by the group, an advisory panel whose members were appointed by Congress and the White House two years ago.

"Workers on the front lines are struggling heroically to cope with illness and death, but their tools have been too few, their resources too constrained and their logistics too crippled by the sabotage of disbelief, prejudice, ignorance and fear," the report said.

AIDS, the acronym for acquired

immune deficiency syndrome, is a deadly virus of unknown origin that breaks down the human immune system.

By the end of August, 191,601 Americans had been diagnosed with AIDS and 122,905 had died, according to the federal Centers for Disease Control.

The commission listed 30 recommendations, topped by development of a national AIDS plan to identify priorities and resources needed to fight the disease and health care coverage for all Americans.

The 15-member commission often has been critical of federal efforts to address the crisis and has issued several shorter reports.

AIDS activists praised the report but said they didn't expect anything to come of it.

*Knight-Ridder Newspapers contributed to this report.*

-- Sacramento Bee

### What AIDS report calls for

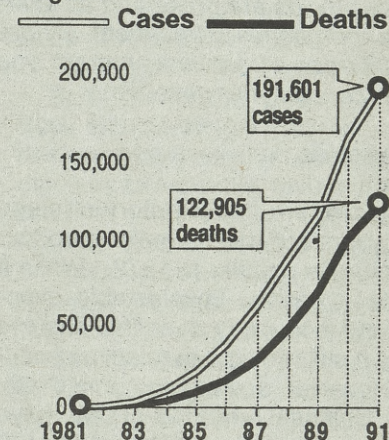
National Commission on AIDS report recommends:

- President should create a "national plan" for AIDS
- Universal health-care coverage for all living in U.S.
- Medicaid coverage for all low-income people with AIDS
- Consolidate purchase, distribution of AIDS drugs
- Increase distribution of condoms, clean needles
- Full funding for Ryan White CARE Act, now getting one-third of authorized funds

Sources: National Commission on Acquired Immune Deficiency Syndrome (AIDS); Centers for Disease Control; Gay Men's Health Crisis

### U.S. AIDS cases, deaths

Cumulative totals; 1991 figures through August:



*Knight-Ridder Tribune News graphic*

## Plans for ddC Moving Ahead

Despite the Food and Drug Administration's recent approval of ddI (dideoxyinosine) for the treatment of AIDS, researchers still need additional drugs to mount an effective attack on HIV, experts say.

ddC (dideoxycytidine) is among the many promising investigational agents. Hoffman-La Roche, the manufacturer of ddC, plans to file a new drug application with the FDA, said Paul Oestreicher, PhD., assistant director of public policy and communications at the company.

About 8,000 HIV-positive patients have already taken ddC as part of clinical trials or the company's expanded access program.

Patients taking ddC have had increased CD4 counts and improved clinical response, Oestreicher said. About 100 patients have received ddC in com-

bination with AZT, he added. "CD4 levels were elevated and sustained over a long period of time," he said. The rise appears to exceed that seen when AZT or ddC were used alone.

Zidovudine or AZT (Retrovir, Burroughs Wellcome Co.), ddI (Videx, Bristol-Myers Squibb) and ddC all inhibit HIV reproduction by inhibiting reverse transcriptase. Pilot studies suggest that combinations of these drugs may offer the best balance between efficacy and toxicity.

But researchers point out that the research trail will not stop at these drugs.

Different types of drugs that affect the virus at different points of its life cycle, used in combination, will limit the growth of virus more completely and prevent drug resistance.

A number of promising anti-AIDS agents were discussed at the recent meeting of the American Society for Microbiology in Chicago. One, FLT (fluorothymidine), is similar in chemical composition to AZT, but may be up to 10 times as potent, researchers reported. It also may need to be taken only once or twice a day compared with five times a day for AZT, and is not toxic, they said.

-- Medical Tribune

### UCSF Study Finds Alternative Therapy for Patients with Shingles

AIDS patients with varicella-zoster virus infection, commonly called shingles, can be treated successfully with the drug foscarnet if they do not benefit from the standard therapy for the disorder, a UC San Francisco researcher has reported. This is the first report of the success of foscarnet in treating shingles in AIDS patients.

Acyclovir is the recommended therapy for shingles, an infection that causes painful and disfiguring skin lesions usually on the chest and back, and sometimes also on the face.

The UCSF study, published in the *Annals of Internal Medicine*, reported on five patients who had developed resistance to acyclovir and who were given intravenous foscarnet. Four of the five patients had complete healing of their lesions and were found to be free of the virus when cultures were taken, said Sharn Safran, M.D., assistant clinical professor of medicine and epidemiology at the UCSF-affiliated San Francisco General Hospital, and principal investigator of the study. One patient did not improve with the treatment.

## UCLA Researchers Find Possible Way to Slow AIDS-Related Cancer

In two separate laboratory studies, UCLA School of Medicine researchers have found two proteins that increase a growth factor in Kaposi's sarcoma cells, a cancer that strikes AIDS patients.

The independent studies also showed that the effects of both proteins could be partially blocked through the use of a DNA compound that prevents the production of growth factor cytokine interleukin-6 (IL-6).

"We now know there are additional growth factors that can increase the growth of Kaposi's sarcoma cells," said Dr. Steven Miles, assistant professor of medicine-hematology/oncology at the UCLA Center for AIDS Research and Education. "Inhibition of such activity may be clinically useful in the treatment of this disease."

These findings, which were presented at the Seventh International Conference on AIDS, suggest that the proliferation of Kaposi's sarcoma cells could be increased by proteins HIV-tat and by Oncostatin-M, and that the activity of both may be moderated by IL-6.

-- The A Report from the President of the University of California

## FDA Approves Foscarnet

by Sonya Cox  
HIV Editor  
MGW

Foscarnet, used to treat viral eye infections that can blind people with AIDS, has finally been approved by the Food and Drug Administration. The drug will now be available by prescription, which means it can be prescribed at any time a physician wishes to use it.

Previously, it could only be used once a person could no longer tolerate, or was failing ganciclovir as a treatment for CMV-retinitis.

Foscarnet, a costly drug sold under the name Foscavir, has been tested on hundreds of people with AIDS whose vision is threatened by cytomegalovirus (CMV) retinitis. An initial treatment costs \$1,600, with a maintenance dosage costing about \$58 per day. FDA approval will mean, hopefully, that health plans can cover the costs. Foscarnet will be the eighth pharmaceutical approved by the FDA to treat AIDS' illnesses since the epidemic first appeared 10 years ago. It's been available since August 1990 under FDA's "compassionate use" program for people who were unresponsive to ganciclovir. In some people, it can cause serious side effects such as kidney damage and seizures. Both drugs are administered intravenously.

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# Alternative Approaches

## Acupuncture and Traditional Chinese Medicine: Supportive Treatment of HIV/AIDS

(These articles are presented as alternative approaches to treatment. Before embarking on a treatment program, you should contact your physician.)

by Daniel Zizza

Acupuncture has a history of some 2000 years but had its major introduction into this country in 1972. While it has been gaining considerable exposure and popularity over the ensuing years, it still remains in relative obscurity. However, acupuncture and Traditional Chinese Medicine (TCM) have much to offer in the treatment of HIV/AIDS and would be worthwhile learning more about. Acupuncture is one of the various health-care modalities within TCM. Being a holistic system, it also includes herbal therapy, dietary therapy, massage and manipulation, therapeutic breathing exercises and meditation, and life-style counseling.

The concept common to all the various aspects of TCM is that there is an energy which animates life and drives and maintains the processes of metabolism. This energy is in motion and flux and is influenced by the many factors affecting our lives, i.e. the foods we eat, the amount of sleep we get, the temperature around us, physical and emotional stress, infectious agents, toxins in our environment, etc. When the energy of the body is maintained in relative equilibrium there is health. When imbalances occur, disease may manifest. This energy of vitality is called "qi" (pronounced "chee") and is described as being distributed and regulated throughout the body in an intricate network of channels and vessels.

It is through this system of channels and vessels and their corresponding points -- where the "qi" is said to come closest to the surface of the body -- that acupuncture is able to influence the body's energy.

The terms yin and yang are often used to refer to the flux in the state of

equilibrium. They represent the universal principle of duality, opposition and harmony, with yin -- meaning the shady side of the hill -- being the cold, water, substantial, passive aspect, and yang -- meaning the sunny side of the hill -- being the hot, fire, energetic, active aspect. In understanding disease process, a pattern is sought in a person's manifesting signs and symptoms utilizing the principles of yin and yang and energetic balance.

Through various methods of diagnosis, the quality and quantity of the energy of the internal organ systems, the channels and vessels, and the body as a whole is evaluated. A diagnostic confirmation is then formulated. Once the energetic imbalance is understood and a pattern is revealed, a treatment plan is written utilizing acupuncture and TCM to most effectively relieve the presenting disharmony. Treatment is effective by being able to manipulate and readjust the vital energy, restoring balance and thus relieving both the symptoms and the energetic origin of the present condition.

Since HIV/AIDS presents as a complex disease syndrome with a multitude

of possible pathogenic manifestations, the process of TCM diagnostic confirmation is particularly appropriate as it follows closely the constitutional changes occurring with disease progression. Diagnosis and treatment protocol are carefully adjusted as the signs and symptoms are monitored for change. Many of the most common symptoms of HIV/AIDS may be relieved by acupuncture and TCM. These include insomnia, depression, fatigue, gastrointestinal disturbances, diarrhea, constipation, night sweats, pain syndromes, afternoon fevers, nausea, light-headedness, shortness of breath, coughs, frequent colds and flue, etc. In addition, the course and severity of many opportunistic infections may be considerably reduced with a combination of western allopathic medicine and TCM. These include *Pneumocystis carinii* pneumonia, Cryptosporidiosis, *Candida albicans*, viral infections such as herpes zoster and herpes simplex, etc.<sup>1</sup> Finally, many of the toxic side effects of the drugs used in western medical treatment can be ameliorated through the use of acupuncture and TCM. Studies are currently taking place to see what effect anti-viral and im-

mune-enhancing herbs have upon T-cell counts and HIV replication<sup>2</sup>. There is evidence that acupuncture and TCM support the body's immune function and slow down the progression of HIV infection<sup>3</sup>. Acupuncture and TCM is a safe, viable, and effective treatment option, and may be used as an important and supportive adjunct in a total treatment strategy for HIV/AIDS.

As research continues, more information is revealed of the potential to regulate and help rebuild the immune system through acupuncture and TCM. Those who have tried this approach have usually experienced an improvement in the quality of their lives as their energy increases and their symptoms abate.

References: 1) Zhang, Qingcai, and Hsu, Hong-yen, 1990, *AIDS and Chinese Medicine: Applications of the Oldest Medicine to the Newest Disease*, Long Beach, CA; Oriental Healing Arts Institute, pp102-124. 2) *Ibid.*, p78. 3) *Ibid.*, p133, p78.

Daniel Zizza is a Certified Acupuncturist - Seattle Treatment Education Project, 127 Broadway E., Suite E, Seattle, WA 98102.

## Long-term AIDS Survivors Report Low Rates of Depression

by Arturo Jackson III

Long-term AIDS survivors have low rates of depression and more satisfaction than dissatisfaction with their medical care, insurance, finances, social relationships, jobs and overall quality of life, according to a report in a study sample which involved 53 gay men diagnosed with AIDS between three and nine years. Psychologist Robert H. Remien, from Columbia University and the New York State Institute, presented the results of the study, entitled "A Psychological Study of Long-Term Survivors of AIDS" at the 99th Annual

Convention of the American Psychological Association in San Francisco.

The study appears to be the first thorough psychological study of long-term survivors living with an AIDS diagnosis. The U.S. Centers for Disease Control (CDC) defines a "long-term AIDS survivor" as an individual who has lived at least twice as long as the average survival period for those diagnosed with AIDS which was 18 months for gay men as of 1990. All the trial participants are reported clients of the Gay Men's Health Crisis Center in New York City with an average age of 39 years and self-identification as gay.

Dr. Remien stated that many of the study participants attributed their positive outlook or will to live as important factors in their continued survival. The researcher reported that the men described a refusal to give up or voiced a strong desire to continue living. Many of the study participants also reported living a healthy lifestyle by eating well, exercising and non-abuse of recreational drugs.

The state of their sex life was rated as unsatisfactory by a large majority of the trial participants. The researcher reported that 11 of the 53 men stated they were currently in a relationship of which only six reported being sexually active within the past six months. Among the 42 men who reported they were not involved in a relationship, 36 had not engaged in any sexual activity with a partner during the past six months.

Reasons cited by the participants included a desire to avoid emotional involvement, fear of rejection, stigma and a desire not to burden others with their illness.

On a positive note, two-thirds of the gay men reported experiencing personal growth after diagnosis described as a greater generosity of spirit, a keener capacity for enjoyment and a more highly developed understanding of themselves. Participants' comments included, "I probably have a much better concept of what my life means to me," "I'm not ashamed of being gay anymore," "Friends continue to prove they're wonderful," and an "appreciation of things I never thought about before."

Dr. Remien stated that most of the gay men involved in the study continued to set goals, although many were short terms ones. For some participants, these included seeking advanced education, continuing or returning to work and becoming active helping other people in need.

In closing, Dr. Remien offered the advice shared by many of the study participants to other men and women coping with an AIDS diagnosis, "Don't give up; this is not a death sentence, there can still be quality of life after diagnosis."

## Treatment News

### Revving Up the Immune System

by Sonya Cox  
MGW HIV Editor

Researchers at Stanford University say that an amino acid called glutathione (or NAC -- n-acetyl cysteine), available in health food stores appears to inhibit the growth of the AIDS virus in laboratory tests. Researchers at the National Institutes of Health and Cornell University are also reporting similar promising findings. Tests indicate NAC acts as

both an anti-oxidant, helping the liver to detoxify poisonous chemicals including cigarette smoke, automobile exhaust and a growing list of other toxins. Glutathione also seems to have an effect on red blood cells. Current research indicates NAC is also a powerful nutrient effective against bronchial disease. It appears to be able to protect cells when dapsone is being used for PCP treatment, and may enhance T-cell numbers.





# In the News

## AZT Delays Disease Progression and Death in Hemophiliacs

A recently published study shows that early treatment with zidovudine (AZT) delays the onset of AIDS in hemophiliacs older than 30 years of age who have no disease symptoms but are infected with HIV.

A report of the findings appeared in the journal *Blood*.

This study confirms the benefit of early treatment of HIV infection," said NIAID Director Anthony S. Fauci, M.D., "and demonstrates that giving AZT to persons with hemophilia does not appear to interfere with other treatments they may be taking."

The clinical trial, known as ACTG 036, opened in February 1988. It was

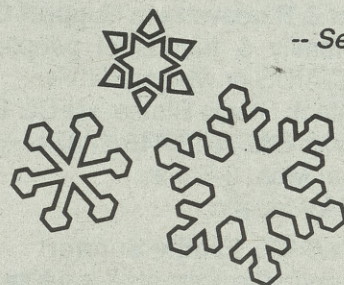
designed to study the efficacy of AZT in people with hereditary bleeding disorders and concurrent asymptomatic HIV infection.

The study found that among hemophiliacs over 30 years old, those who received AZT fared better -- fewer progressed to AIDS or died.

Because HIV appears to progress more quickly in older hemophiliacs, separate analysis was conducted on data from the 94 patients who were more than 30 years old. There was a significant weight gain for those on AZT. Moreover, patients receiving AZT tended to have larger increases in CD4 T-cell counts and fewer diagnoses of AIDS or

advanced or early AIDS-related complex.

The most notable side effects of AZT treatment, occurring in 17 percent of the treatment group, were anemia and another blood cell disorder, granulocytopenia. Other subjective symptoms reported by those treated with AZT included nausea and weakness.



-- Sentinel

## AIDS Fighter Enters Women's Hall of Fame

United Press International

SENECA FALLS, N.Y. -- Gertrude Belle Elion, a Nobel Prize winner who has been developing drugs to fight such diseases as leukemia, malaria and AIDS since 1944 has been named to the National Women's Hall of Fame.

The announcement from the Hall in Seneca Falls, often called the birthplace of the women's rights movement, came on the 71st anniversary of the passage of the 19th Amendment, which gave women the right to vote.

Elion, 73, and her longtime collaborator, George Hitchings, received the Nobel Prize for Medicine in 1988 for their work developing drugs that inhibit cell division. The body of their work led to the development of AZT, the first AIDS-fighting drug.

Elion's work also produced compounds that aid the body in accepting transplanted organs and that fight herpes, childhood leukemia, malaria and arthritis.

Elion predicted an eventual cure for AIDS, most likely involving several different drugs, and a vaccine for the disease, but for now called it a "difficult disease."

"We're holding the fort on trying to prolong (AIDS patients') lives until something better comes along," Elion said.

-- Bay Area Reporter

## AIDS Cases Increasing in Different Groups

by Alan David Kalbrofsky

SAN FRANCISCO -- A rise in reported AIDS cases has alarmed some health officials who attribute the increase to unsafe sex practices among new target groups.

According to the Department of Public Health's AIDS Incidence and Mortality report, the City showed a two percent increase over the last two year's figures. The reported raw AIDS case rate through last month was 947 cases.

According to Wendy Iwata, a spokesperson for the Health Department, the highest rate of HIV infection is spreading within new target groups -- those new to the city, exploring their sexuality or abusing drugs and alcohol during sex.

"What we're seeing," Iwata said, "is an increase in high risk youth groups."

A high rate of infection reportedly still plagues young gay men. The DPH blamed the increase in San Francisco's HIV infection on unsafe sex.

-- San Francisco Sentinel

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## Rising Incidence of Extrapulmonary Pneumocystis carinii Found in AIDS Patients

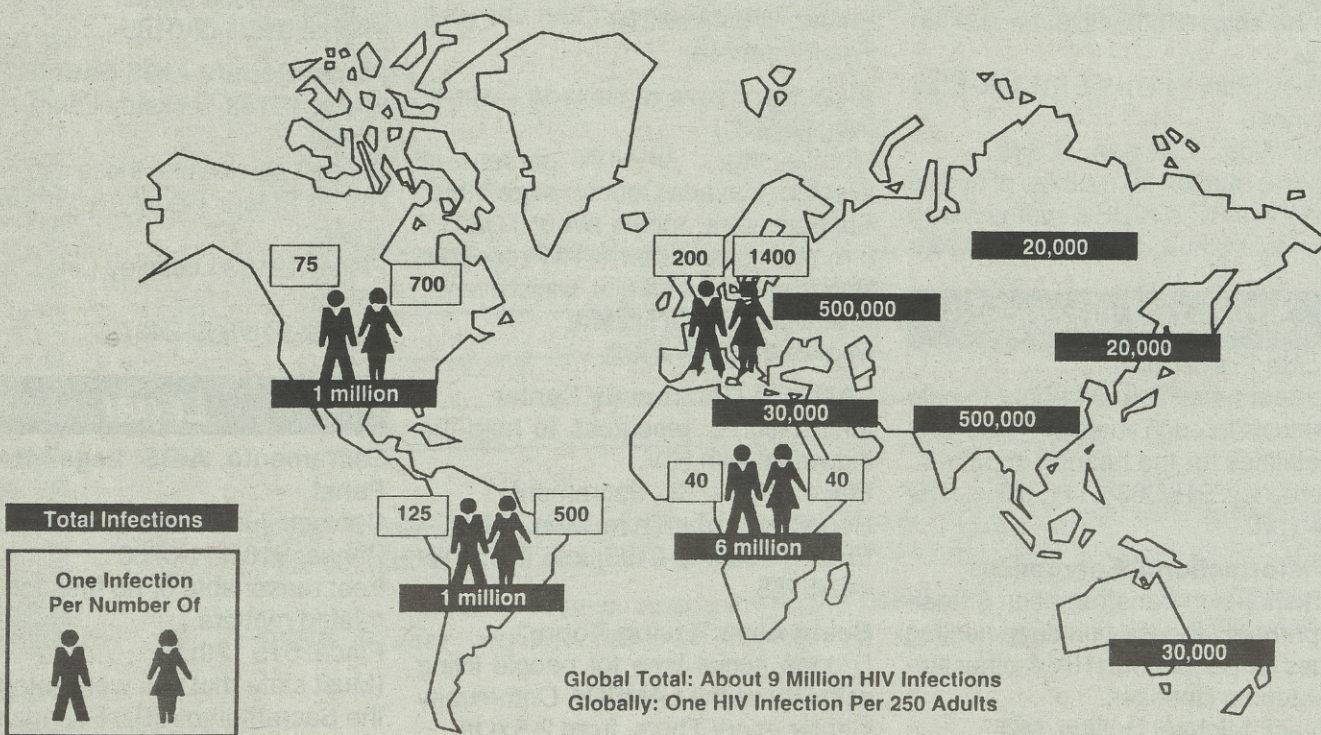
NEW YORK -- The incidence of extrapulmonary *Pneumocystis carinii* infections appears to be increasing in patients with the acquired immunodeficiency syndrome (AIDS).

Drs. Oren J. Cohen and Mark Y. Stoeckle, of the New York Hospital-Cornell Medical Center, studied two cases of extrapulmonary pneumocystosis in men with AIDS due to *P. carinii* and reviewed the literature on 35 other such cases.

The total of 37 cases (two studied and 35 case reviews) of extrapulmonary *P. carinii* infections involved 36 men and one woman (average age 35.6 years). Fifty-one percent had *P. carinii* pneumonia in addition to extrapulmonary pneumocystosis, and most had other human immunodeficiency virus (HIV)-related illnesses. An absolute of CD4+ T-cell count less than 250/mm<sup>3</sup> was found to be the best predictor of *P. carinii* pneumonia development.

Extrapneumocystosis occurred in 54 percent of the patients who received therapy with aerosolized pentamidine. Sites of extrapulmonary *P. carinii* infections predominating (in decreasing order) were the lungs, lymph nodes, and spleen. Subsequent sites were liver, bone marrow, adrenal glands, kidneys, gastrointestinal tract, thyroid, heart, pancreas, eyes, ears, skin, pituitary gland, endobronchial mass, and parathyroid glands.

## Estimated global distribution of adult HIV infections, 1991



Estimated cumulative global total of HIV-infected adults in 1991 is about 9 million, which means that, for world population, 1 in every 250 adults is infected with HIV. Infection rates vary widely in different regions of the world. Highest rates are in sub-Saharan Africa, where 1 in 40 men and 1 in 40 women are estimated to be infected, with estimated cumulative total of close to 6 million. (From: *Current and Future Dimensions of the HIV/AIDS Pandemic: A Capsule Summary*, World Health Organization, April 1991.)



# RESOURCES

## Support Groups

### Dealing with Loss & Grief

Lecture/discussion by  
Mark Robinson  
Registration: 916/973-6833  
Time: Nov. 26, 6-8 p.m.  
Place: Kaiser Hospital, Morse Ave.

### HIV+ Emotional Support Group

Facilitators: John Linder, Will Green  
Place: Buhler Building, 2800 L St.,  
classroom #1  
Time: 1st & 3rd Wed., 7:30 p.m.  
Pager # 762-6282

### The Positive Group

Membership: HIV+ substance  
abusers & their significant others.  
Contact: Vicki or Lon, The Effort  
Phone: 916/444-6996  
Fee: none  
Place: 1820 J St.

Purpose: Emotional support and a place  
to discuss status and/or drug prob-  
lems.

### AIDS/ARC/HIV+

#### North Hall AA Group

Open to everyone with a desire to stop  
drinking.  
Time: Sun., 4 p.m.  
Place: MCC, 2741 34th St. near Broad-  
way

### Brother to Brother

Membership: Gay African-American  
HIV+ men's support group. Dealing  
with HIV, ARC or AIDS? Tired of not  
being counted?

Contact: Project Survival  
Phone: 916/454-0516  
Fee: none  
Time: Mon., 7 p.m.

Place: Call for location  
Purpose: Emotional & social support.  
Strictly confidential.

### Grupo Para Latinos

Infectados y afectados con la virus  
HIV, Latinos de Habla Hispana o Bili-  
gues.  
Facilitado por Gloria Avelas, LCSW  
Telefono: 916/448-2437  
Tiempo: Cade otro lunes, a  
las 6 p.m.  
Lugar: SAF, 1900 K, #200

### MCC People Together

Membership: People who are HIV+,  
ARC or AIDS, or other catastrophic  
illnesses & those who love & support.  
Contact: Sandy or PJ  
Phone: 916/454-4762

Fee: none  
Time: Tues., 7:30-9 p.m.  
Place: RCMCC Activity Center, 2741  
34th St.

Purpose: Social & spiritual support  
group sponsored by the River City  
Metropolitan Community Church.  
Everyone welcome.

### Sister to Sister

Membership: women of color who are  
HIV+, ARC or AIDS. Childcare &  
transportation available.

Contact: Rosie Cristian, Project Sur-  
vival

Phone: 916/454-0516

Fee: none

Time: Mon., 5-7 p.m.

Place: 3501 Broadway

Purpose: Emotional & social  
support.

## Support Group for Partners, Family & Friends

### Grief & Bereavement Support Group

for family & friends of people with  
ARC/AIDS or who are HIV+.  
Contact: Stacie Blaine, MFCC Intern  
Phone: SAF, 916/448-2437  
Time: Mon. 6-8 p.m.  
Call for location.

### HIV+/AIDS Family Support

Membership: Parents & adult siblings,  
among the HIV/AIDS spectrum: diag-  
nosis through bereavement.

Contact: Pastor Todd VanLaningham  
Phone: 916/483-5691 or 916/456-9642  
Fee: none

Time: 1st & 3rd Thurs., 7-8:30 p.m.

Place: Lutheran Church of Our Re-  
deemer, 4641 Marconi Ave. at Mis-  
sion

Purpose: Emotional support

### Parents Support Group

Membership: Parents of adults & chil-  
dren with hemophilia  
Fee: none

Time: 3rd Thurs., 7-8:30 p.m.

Place: 2100 Capitol Ave.

Purpose: Education & emotional sup-  
port

### Mothers Only Support Group

Membership: Mother's peer support  
group

Contact: Frances Wright, 916/646-6122  
Fee: none

Time: Tues., 1:30 p.m. at SAF

Purpose: Support for mothers of people  
with HIV, ARC & AIDS & mothers who  
have lost sons & daughters to AIDS.

## Spiritual Groups

### Suicide Prevention

Volunteers available 24 hours to help  
individuals through times of crisis. TTD  
capabilities for the hearing impaired.  
Emergency: 916/368-3111, office: 916/  
368-3118.

### Transformational Energetics

Workshops on transformation & heal-  
ing primarily focused on deep healing  
issues for people with HIV & other life-  
threatening illnesses.

Contact: Michael Dulling, MD

Phone: 916/422-1234

Fee: negotiable

## Support Services

Sacramento AIDS Foundation

Provides regional AIDS case man-  
agement, AIDS education, client serv-  
ice, benefits counseling. Hand to Hand  
emotional & practical support volun-  
teers available to clients diagnosed  
ARC/AIDS.

Place: 1900 K St., #200

Hours: Mon.-Fri., 9 a.m.-5 p.m.

Phone: 916/448-2437

### Freedom from Smoking Clinic

Free self-help program available Mon.  
at 5:30 p.m. A one-time orientation  
meeting with full program packet. Bob  
Hall, licensed counselor available for  
free individual help.

Place: LAMBDA Community Center

Phone: Sue 916/442-0185 for info

### Women's Support

Membership: HIV+ women

Contact: Donna Robertson, Sacra-  
mento AIDS Foundation  
Phone: 916/448-2437

Fee: none

Time: Call for time and location.

Purpose: Education & emotional sup-  
port for women with HIV/ARC/AIDS.

### Del Oro Regional Resource Center

Membership: Brain impaired adults

Contact: Connie Garver

Information & referral contractual serv-  
ice for legal & financial advising, coun-  
seling, respite care & referral to sup-  
port groups.

Place: 3625 Mission Ave., #300,  
Carmichael, 95608

Phone: 916/971-0893

### CARES Clinic

Provides counseling, early interven-  
tion/medical attention to HIV+ indi-  
viduals.

Place: 2710 Capitol Ave.

Hours: Mon.-Fri., 9 a.m.-5 p.m.

Phone: 916/443-3299.

Fee for service

### AIDS Survivors of Nevada County Inc., (ASNC)

Membership: All HIV+ persons in  
Western Nevada County, since 1989.  
Support group meets every Tues., 7  
p.m.; caregiver referral, HIV resource  
library, speakers bureau, social events.  
Professionally facilitated.

Phone: 916/265-2199.

### LAMBDA Community Center

Information & resources to help the  
individual with HIV.

Place: 1931 L St., Sacramento

Hours: 10 a.m.- 6 p.m. Mon.-Fri.

Phone: 916/442-0185; info line: 916/  
447-5755.

### Being Alive "Living Room"

Drop-in social time for people living  
with HIV at the LAMBDA Community  
Center every Thurs. from 2-5 p.m.

Place: 1931 L St.

Phone: 916/442-0185.

### Sierra AIDS Council

Support services for people dealing  
with HIV in Amador, Calaveras &

Tuolumne counties. P.O. Box 1062,  
Sonora, CA 95370

Phone: 209/533-2873

### W.C.I.C. (Women's Civic Improve- ment Club) Project Survival

Minority issues & AIDS

Place: 3501 Broadway

Phone: 916/454-0516

Contact: Nadine L. Roberts

### The Effort

IVDU treatment program, AIDS edu-  
cation, counseling & confidential test-  
ing.

Place: 1820 J St., Sacramento

Phone: 916/444-6294

### Hospice Care of Sacramento, Inc.

Providing services to persons coping  
with a terminal illness & their families.

Place: 2007 O St., #100

Phone: 916/443-0398

Fee: none

### Planned Parenthood of Sacramento Valley

AIDS Education to youth detention,  
homeless shelters & classrooms

Place: 1507 21st St., #301-A

Phone: 916/446-0930

Fee: none

### Alcoholics Anonymous

7500 14th Ave., #27, Sacramento

Phone: 916/454-1100

### Gay AA Group "Trust the Process"

Time: Wed., noon-1 p.m.

Place: LAMBDA Center

Phone: 916/442-0185

### Narcotics Anonymous

P.O. Box 162416, Sacramento 95816

Phone: 916/486-0465

### Gay N.A. Group "Lavender Nights"

Time: Mon. & Fri., 8 p.m.

Place: Lambda Center

Phone: 916/442-0185

### Placer County AIDS Foundation

Place: 12183 Locksley Lane, Auburn  
95603.

Support services for those dealing with  
HIV in Placer County & surrounding  
areas.

Place: 12183 Locksley Lane, Auburn  
95603.

Phone: 916/889-2437

## Legal

### Sacramento AIDS Legal Referral Panel

Contact: June Black or Ellen Juarez

Phone: 916/444-6760

Fee: reasonable or no fees for AIDS-  
related matters

Place: 515 12th St.

(Must state that you were referred by  
the Sacramento AIDS Foundation).

## Mental Health Providers

Mental Health Panel; counseling at  
reduced fees.



Contact: Sacramento AIDS Founda- Lambda Letters Project

Phone: 800/458-5231 or 212/719-0033

## PSSN Reader Survey

- Why do you read PSSN ?
  - ☐ Cartoons
  - ☐ HIV Politics/Information
  - ☐ In The News
  - ☐ Information to Give to Doctor
  - ☐ Treatment News
  - ☐ Resource Guide
  - ☐ Personals
  - ☐ Other
- As a person living with HIV/AIDS, do you find the information in PSSN to be of use to you ?
  - ☐ Yes
  - ☐ No
- Do you discuss alternative health information with your doctor ?
  - ☐ Yes
  - ☐ No Why not ? \_\_\_\_\_
- Has reading the PSSN helped you increase your resolve to practice Safer Sex ?
  - ☐ Yes
  - ☐ No Why not ? \_\_\_\_\_
- Do you know of PW HIV (family, friends, etc.) who also read PSSN ?
  - ☐ Yes
  - ☐ No
- Do you find the Resource Guide to be :
  - ☐ Very Useful
  - ☐ Somewhat Useful
  - ☐ Of Limited Use
- How much do you feel that your knowledge of HIV/AIDS has increased from reading PSSN ?
  - ☐ 10%
  - ☐ 20%
  - ☐ 30%
  - ☐ Other : \_\_\_\_\_
- What changes or additions would you like to see made in PSSN ?
 

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PSSN is published in part by a grant from the County Office of AIDS. Your replies will help us to meet the conditions of our grant, as well as assist us in making PSSN as useful to our readers as possible.

Please return your completed survey by January 11, 1992 to :  
PSSN Reader Survey, Lambda Community Center, 1931 L st, Sacramento, CA 95814

## Newspapers

Available at  
LAMBDA Community Center

### est ISSUE

nento's newest magazine for  
community & its friends  
ox 160584, Sac. 95816  
916/737-1088

### Newspaper

oldest newspaper for the gay  
unity  
St., Sac. 95814  
916/441-NEWS

### of Gay America"

ox 22402, Sacramento  
916/452-0769

ublishing Company, P.O. Box  
Los Angeles, CA 90038-0912

### entinel

ia's statewide gay newsweekly.  
415/861-8431 for subscription  
ation.

### rea Reporter (BAR)

ent information & news source.  
St., San Francisco, CA 94103  
le at the LAMBDA or Tower  
or by subscription: 415/861-

## Television

### Gay Today

ms from around the country,  
with segments on updates of  
AIDS health questions.  
el 18, Tues. 10-11 p.m., re-  
Thurs. 9-10 p.m.  
916/392-7025 for info

## Workshops

### ENS Session

know we need to have safe sex,  
maintaining changes in how we  
ex can be very difficult. The  
Session helps men adjust to  
changes in a fun, sex-positive &  
tion workshop.  
SAF 916/448-2437 for dates &

one

### DA U

oing series of workshops on a  
riety of subjects.

one

LAMBDA Community Center,  
St., Sac. 95814  
916/442-0185

### y Living Series

ops on various health & well-  
sues for people who want to  
ways to maintain & improve their  
health. Phone SAF, 916/448-2437 for  
times & locations or to be placed on  
mailing list. Facilitator to be named.

senting 100 gay, lesbian & AIDS or-  
ganizations  
Place: 926 J St., #1020  
Phone: 916/444-0424

listings & informational publications,  
many available free of charge to people  
with HIV such as the AmFAR (Ameri-  
can Foundation for AIDS Research)  
Directory of Experimental Treatments.

ministry on Channel 17, 7 p.m.



# RESOURCE

## Support Groups

### Dealing with Loss & Grief

Lecture/discussion by  
Mark Robinson  
Registration: 916/973-6833  
Time: Nov. 26, 6-8 p.m.  
Place: Kaiser Hospital, Mors

### HIV+ Emotional Support G

Facilitators: John Linder, Will  
Place: Buhler Building, 2800  
classroom #1  
Time: 1st & 3rd Wed., 7:30 p  
Pager # 762-6282

### The Positive Group

Membership: HIV+ substanc  
abusers & their significant o  
Contact: Vicki or Lon, The E  
Phone: 916/444-6996  
Fee: none  
Place: 1820 J St.  
Purpose: Emotional support a  
to discuss status and/or d  
lems.

### AIDS/ARC/HIV+

#### North Hall AA Group

Open to everyone with a des  
drinking.  
Time: Sun., 4 p.m.  
Place: MCC, 2741 34th St. ne  
way

### Brother to Brother

Membership: Gay African-  
HIV+ men's support group  
with HIV, ARC or AIDS? T  
being counted?

Contact: Project Survival  
Phone: 916/454-0516  
Fee: none

Time: Mon., 7 p.m.  
Place: Call for location  
Purpose: Emotional & socia  
Strictly confidential.

### Grupo Para Latinos

Infectados y afectados co  
HIV, Latinos de Habla Hispa  
gues.  
Facilitado por Gloria Avela  
Telefono: 916/448-2437  
Tiempo: Cade otro lunes, a  
las 6 p.m.  
Lugar: SAF, 1900 K, #200

### MCC People Together

Membership: People who  
ARC or AIDS, or other ca  
illnesses & those who love  
Contact: Sandy or PJ  
Phone: 916/454-4762  
Fee: none

Time: Tues., 7:30-9 p.m.  
Place: RCMCC Activity Ce  
34th St.

Purpose: Social & spiritu  
group sponsored by the River City  
Metropolitan Community Church.  
Everyone welcome.

### Sister to Sister

Membership: women of color who are  
HIV+, ARC or AIDS. Childcare &  
transportation available.

Page 8

Contact: Michael Dulling, MD  
Phone: 916/422-1234  
Fee: negotiable

## Support Services

Sacramento AIDS Foundation

Center every Thurs. from 2-5 p.m.  
Place: 1931 L St.  
Phone: 916/442-0185.

### Sierra AIDS Council

Support services for people dealing  
with HIV in Amador, Calaveras &

## Mental Health Providers

Mental Health Panel; counseling at  
reduced fees.



Contact: Sacramento AIDS Foundation case manager, 916/448-2437; 1900 K St., #200, Mon.-Fri., 9 a.m.-5 p.m.

## Medical Clinics

### AIDS Related Disorders Clinic (ARDC)

Provides medical care to people with HIV disease.

Place: University of California, Davis, Medical Center, Primary Care Building, 2315 Stockton Blvd., Sac.  
Phone: 916/734-8282 (message)

### AIDS Research Office

UCDMC, Sheila Enders  
Phone: 916/734-8282

### CARES

Provides medical evaluation, personal counseling, health education & referrals for HIV positive people.

Fee for service  
Place: 2710 Capitol Ave., Sac.  
Phone: 916/443-3299

### HIV Clinic

Offers medical care for individuals who need a general work-up related to HIV infection.

Fee: none  
Place: 1500 C St., Sac.  
Phone: 916/440-5302

### Infectious Disease Unit UCDMC

Phone: 916/734-3741

### County AZT Program

Place: 2921 Stockton Blvd., Sac.  
Phone: 916/732-3770

## HIV Antibody Testing

### Capitol Health Center

Place: 1500 C St.  
Call for information & appointments for free, anonymous test.  
Time: Wed. & Thurs. 4:30-5 p.m.  
Phone: 916/440-7720

### The Effort

Call for information & appointments for free, confidential test.  
Time: Tues. & Wed. evenings.  
Phone: 916/446-6467, after 3 p.m.

### Hispanic AIDS Community Educational Resources

HIV anti-body testing with bilingual counselors.  
Place: 7000 Franklin Blvd., #210  
Time: Tues. evenings 5-7 p.m.  
Phone: 916/392-7815 or 916/734-8282

## Political

### Lobby for Individual Freedom & Equality (LIFE)

Statewide AIDS lobbying group representing 100 gay, lesbian & AIDS organizations  
Place: 926 J St., #1020  
Phone: 916/444-0424

### Lambda Letters Project

Organizes letter writing campaigns expressing community opinions on women's issues, gay & lesbian rights & AIDS issues. The group also offers letter writing assistance to people who would like to express their viewpoints.  
Phone: 916/965-6851

## Food

### Food Bank

Monthly food exchange. \$13 for \$40-worth of food (payable first Monday of month).

Contact: Shoshana Zatz, SAF  
Phone: 916/448-2437

### A Touch of Sabbat

A monthly delivery service of home-made chicken soup & challah (bread) the last Friday of each month for people with AIDS or ARC.

More info: 916/921-1313 or 916/482-1432

Free food closets

## Products

### Sunergy - Herb Food Concentrates

Sunrider nutritional products & philosophy formulated after the ancient Chinese tradition of nourishing the body with whole foods & the proper combination of herb foods.

Local distributor: Gina Milbourn

Phone: 916/991-0860

### Reliable Medical Resources

Quality health care products ranging from personal AIDS/support equipment, incontinency protections & skin care products. Available at no cost to individuals with Medi-Cal/Medi-Care coverage. Lowest cost to insurance plans & private pay.

Phone: 916/383-6868

## Information

### Project Inform

Non-profit information resource group & hotline for alternative & experimental treatment updates including Compound Q, alpha interferon, AZT, aloe vera juice, ribavirin, DNCB, etc.  
Hotline: 800/822-7422 or 415/928-0293.

### AIDS Treatment News

Bi-weekly publication that covers up-to-date issues on alternative & holistic therapies. Subscription charge with a reduced rate for people with HIV. Write John James, P.O. Box 411256, San Francisco, CA 94141.

### National AIDS Information Clearing House

Local & national computerized resource listings & informational publications, many available free of charge to people with HIV such as the AmFAR (American Foundation for AIDS Research) Directory of Experimental Treatments.

Phone: 800/458-5231 or 212/719-0033

### BETA (Bulletin of Experimental Treatments for AIDS)

Publication of the San Francisco AIDS Foundation. Educational resource for people reviewing experimental treatments for HIV. Free to San Francisco residents, subscription charge for others.

Phone: 800/FOR-AIDS for sample copy & information

### NIH (National Institute of Health)

Drug Trials Information -- toll free phone line with information on federally funded clinical trials researching AIDS treatments with information provided by APA MONITOR (American Psychological Association).

Phone: 800-TRIALS-A or 800/874-2572

### AIDS Library of Philadelphia

32 N. Third St., Philadelphia, PA 19106  
Phone: 215/922-5120

### Northern California AIDS Hotline

800/367-2437

### AIDS Drug Hotline

800/334-7422

### UC Davis Medical Library

(MED-LINE) 916/453-3529

### Persons with AIDS (PWA) Hotline

800/367-2437 or 415/861-7309

### National Association of People with AIDS

2025 Eye St., NW, #415, Washington, D.C. 20006

### Mothers of AIDS Patients

P.O. Box 89049, San Diego, CA 92138  
Phone: 619/426-1317

### Teen AIDS Hotline

800/234-TEEN

### National Library of Medicine (for subject searches).

AIDS LINE: 301/496-6095

### The NAMES Project

Educating the world by remembering those who have died of AIDS by creating memorial quilt panels with love.  
2362 Market St., San Francisco  
Phone: 415/863-5511

### California State University; Sacramento, Health Center

Place: 6000 J St.  
HIV info line: 916/278-6461

## Religious Services

### River City Metropolitan Community Church (RCMCC)

Place: 2741 34th St., Sacramento  
Phone: 916/454-4762

Sunday Worship Services: 9 a.m., 11 a.m. & 6 p.m., Sunday School during 11 a.m. worship for Children 2-12. TV ministry on Channel 17, 7 p.m.

## Newspapers

Available at  
LAMBDA Community Center

### the latest ISSUE

Sacramento's newest magazine for the gay community & its friends  
P.O. Box 160584, Sac. 95816  
Phone: 916/737-1088

### MGW Newspaper

First & oldest newspaper for the gay community

1725 L St., Sac. 95814

Phone: 916/441-NEWS

### Patlar

"Voice of Gay America"

P.O. Box 22402, Sacramento  
Phone: 916/452-0769

### BLK

BLK Publishing Company, P.O. Box 83912, Los Angeles, CA 90038-0912

### The Sentinel

California's statewide gay newsweekly.  
Phone: 415/861-8431 for subscription information.

### Bay Area Reporter (BAR)

Excellent information & news source.  
395 9th St., San Francisco, CA 94103  
Available at the LAMBDA or Tower Books or by subscription: 415/861-5019.

## Television

### Being Gay Today

Programs from around the country, usually with segments on updates of HIV+ & AIDS health questions.

Channel 18, Tues. 10-11 p.m., repeated Thurs. 9-10 p.m.

Phone: 916/392-7025 for info

## Workshops

### The MENS Session

We all know we need to have safe sex, but maintaining changes in how we have sex can be very difficult. The MENS Session helps men adjust to those changes in a fun, sex-positive & information workshop.

Phone: SAF 916/448-2437 for dates & times

Fee: none

### LAMBDA U

An ongoing series of workshops on a wide variety of subjects.

Fee: none

Place: LAMBDA Community Center, 1931 L St., Sac. 95814  
Phone: 916/442-0185

### Healthy Living Series

Workshops on various health & wellness issues for people who want to learn ways to maintain & improve their health. Phone SAF, 916/448-2437 for times & locations or to be placed on mailing list. Facilitator to be named.



# Personal Perspective

## Life's New Meaning © 1991

by Barbara L. Hernandez

If life is a learning process, then the death of a loved one forces us to examine what we have learned about the meaning and value of love. Although no one chooses such a sorrowful lesson, there are choices to be made.

Choosing to care for Rick, our 26-year-old AIDS-infected son, the last seven months of his life, became an invaluable learning experience for us. Painful as that experience was, it proved to be a gift -- of course I could not see that at the time, only now, in retrospect. I now rejoice that we were granted the opportunity to care for Rick.

As a result we developed a new understanding of unconditional love, patience, and the priceless value of time. Hardest however to learn was accepting those things we couldn't change and lastly, how to let go.

However, before reaching that point, we were forced to examine

some preconceived attitudes. Rick's father was crushed by the exposure of his son's homosexuality, yet his resentment was finally replaced by love and recognition.

Shortly after arriving home ill in 1986, Rick told me, "The last thing I want to see, is your face," -- his wish

made our efforts easier.

Sadly, too many families have refused to become involved with a family member who has been stricken with AIDS, perhaps out of fear or even misplaced shame. No PWA should be denied a family's compassion and support during this time of

While some cringe in the shadows of ignorance and fear, others have taken up the banner of courage marching in the sunlight of knowledge and hope. If the PWA can find positive things coming out of their experience, as many have professed, then we too must show that same fearlessness.

My life has taken on new meaning and purpose because of Rick's illness. I was, in fact reborn through my son's death. I paid too high a

price for such understanding, to not share what I learned. Therefore, I will continue to speak out for the loving support and acceptance of those faced with the challenge of AIDS.

The choice is yours; to be a participant in life or to be only a spectator.

Barbara L. Hernandez, a freelance writer, lives in Orangevale. Her book, *EMBRACING AIDS*, published by Science and Behavior Books, Inc. is scheduled for release in the Fall of 1992.

\*\*\*\*\*

### "The AIDS epidemic has brought out the worst and best in humanity."

would be fulfilled. Moreover as a family, we were able to unite and support Rick's needs. We drew deeply from within ourselves -- exercising our spiritual muscles, so to speak. We found an untapped well of strength. Drawing from it did not deplete its reserves, as one might expect, rather it seemed to stimulate its development. Furthermore, it was comforting to find a network of support through the UCD AIDS Clinic and the Sacramento AIDS Foundation -- their loving concern

crisis. If they had cancer or heart disease, would their needs still be ignored? I think not. Why then someone with AIDS?

Should a family choose to ignore their needs, not only will they tragically miss an irreplaceable chance to understand the true meaning of life and love, but most importantly; the consolation of knowing they did something truly important -- being there when most needed.

The AIDS epidemic has brought out the worst and best in humanity.

## In the News

### Wilson Signs AIDS Education Bill

Governor Pete Wilson has signed legislation that will require public schools to provide AIDS prevention education in grades 7 through 12, starting the in 1992-93 school year.

AIDS education authority has been sought for years by health professionals and AIDS specialists, who argued that youngsters need frank and factual information to protect themselves from the disease.

Similar proposals were vetoed four times by former Gov. George

Deukmejian, who argued the classes would introduce students to condoms and encourage sex. The measures were bitterly opposed by conservative Republicans.

The bill signed by Wilson, AB 11, by Assemblywoman Teresa Hughes, D-Los Angeles, requires AIDS prevention instruction to be given at least twice, once in junior high school and once in high school, at an estimated initial cost of \$1 million.

Parents must be notified that the

instruction will be offered and can have their children excluded from the classes.

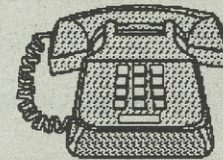
Opponents had wanted students excluded from the classes unless their parents provided written permission for them to attend. Under the bill, school districts will have that option.

The classes also will stress that sexual abstinence is the only certain protection against the disease.

-- Sacramento Bee

### AIDS Clinical Trials Information Service

The AIDS Clinical Trials Information Service (ACTIS), sponsored by the U.S. Public Health Service, offers up-to-date information on federally and privately sponsored HIV/AIDS clinical trials and drugs used in the trials. To access the service call 1-(800)-TRIALS-A.



Thank You For all my Supportive Friends And Family, The Drugs And medicines available, my new life Style, good Foods, And my Positive Thoughts and Actions. Oh! And good safe Sex!



## Medical Procedures: How They Relate to Transmission of AIDS

Associated Press

ATLANTA -- Federal health officials preparing to expand AIDS guidelines for doctors have proposed their most detailed breakdown yet of what medical procedures are and aren't "exposure-prone."

Under the proposal, doctors giving vaccinations need not worry about AIDS testing, but doctors delivering babies or pulling teeth should.

The Centers for Disease Control recommended in July that doctors and dentists performing "exposure-prone" procedures undergo AIDS testing and, if infected, refrain from such procedures, except if approved by colleagues and the patient. The CDC defined "exposure-prone" as a procedure where a health worker, if injured, could bleed into an incision in a patient.

The guidelines stem from five AIDS cases among patients of a Florida dentist who CDC scientists believe infected them. Those are the only reported cases of doctor-to-patient transmission.

The dentist since has died of AIDS.

In a letter to medical societies and other industry professionals announcing a November 4 meeting on the issue, CDC Director William L. Roper lists the following procedures as "proposed for discussion ... as exposure-prone."

- Intra-abdominal, colon or rectal surgery.
- Intra-thoracic surgery or cardiac surgery.
- "Major" orthopedic or gynecologic surgery.

- Delivery of babies by Caesarean section, or deliveries requiring sutures.
- Oral surgery.

Other exposure-prone procedures "remain to be identified," he wrote.

"Not considered exposure-prone," according to Roper:

- Drawing blood.
- Vaccinations.
- Biopsies or aspirations with needles.
- Arthroscopy.
- Placement of vein catheters, urinary catheters, chest tubes and endotracheal tubes.

After the November 1 meeting, the CDC will draft a report on which procedures should be considered "exposure-prone" and will solicit further comment before announcing its recommendations, Roper said.

-- Sacramento Bee

## Plan Cuts Teen AIDS Risk

NEW YORK -- Rigorous AIDS prevention education and counseling can help runaway adolescents adopt safer-sex habits that significantly lower their chances of contracting the deadly virus.

Six months after participating in 15 or more education and counseling sessions, over 60 percent of adolescents consistently used condoms, nearly a third more than before the sessions, according to Mary Jane Rotheram-Borus of the College of Physicians and Surgeons at Columbia University here.

The study involved 145 runaways aged 11 to 18 in two public shelters. At the outset of the study, 20 percent of the adolescents reported a pattern of high-

risk sexual behavior; they infrequently used condoms and had had 10 or more sexual encounters or three or more sexual partners.

After education and counseling, all the adolescents in the study were practicing safe sex, Rotheram-Borus said.

Christopher Policano, a spokesperson for Phoenix House, a highly structured drug treatment program for teenagers in New York that frequently works with runaways, said that the study is right on target.

"I concur that treatment needs to be practical and long-term because with teenagers it takes that long for them to internalize the problem and make be-

havioral, lifestyle changes," he said.

Rotheram-Borus' team, however, had no success teaching abstinence from sex, even though this was stressed.

She said parents and other educational institutions should accept that teens are sexually active, and therefore be explicit and direct in dealing with the issues of sex and AIDS.

The runaways in the Columbia University study participated in group educational programs and individual counseling sessions to learn about AIDS prevention.

-- Medical Tribune

## Cancer Hits AIDS Survivors

As AIDS patients live longer, due in part to drugs that check opportunistic infections, they are more prone to develop non-Hodgkin's lymphoma, government researchers reported.

A study found that 28 percent of people who lived at least a year and a half after they were diagnosed with AIDS got cancer.

The cancer usually strikes approximately 3 percent of people infected with HIV, the researchers reported in a re-

cent issue of the Centers for Disease Control's Morbidity and Mortality Weekly Report.

Patients in the study all had low T-cell counts. The lack of the infection-fighting cells may be one reason they got the cancer, according to the researchers from the National Cancer Institute in Bethesda, Md.

-- Medical Tribune

## FDA Plans "Buyers Club" Inspection

LOS ANGELES (AP) -- The U.S. Food and Drug Administration will inspect underground "buyers clubs" that dispense unauthorized AIDS medications to make sure patients aren't being harmed, an official has said.

Inspections are planned as fact-finding missions and won't necessarily lead to legal action against the clubs, said agency spokesman Brad Stone.

An FDA team will inspect one buyers club in Los Angeles and at least one in San Francisco in its national tour of a dozen major stores, Stone said.

The clubs sell AIDS medications available in other countries but not approved by the FDA for sale in the United States.

AIDS activists said they welcomed the FDA inspections. Regulators also hope to ensure the clubs aren't making excessive profits from drug sales.

Stone said the inspections would begin within a few weeks and take at least two weeks to complete.

The inspections come as AIDS activists continue to pressure the FDA to accelerate its approval of promising treatments to fight AIDS.

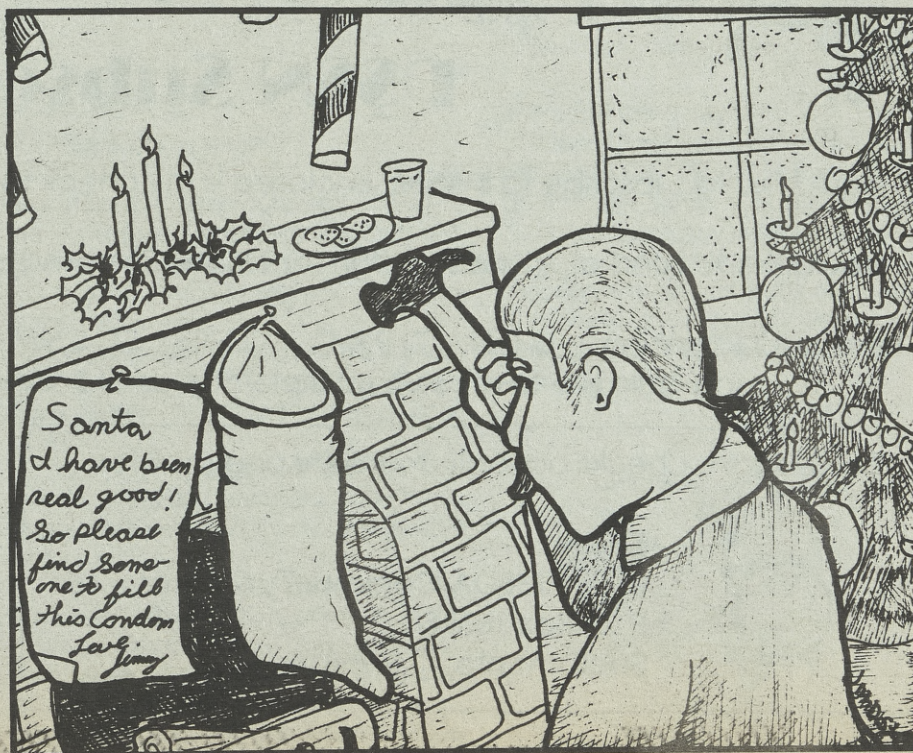
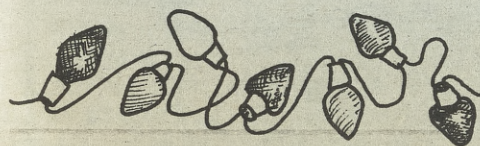
In October, the FDA took a short cut in its usual process by approving the AIDS drug ddI without proof that the medication is effective.

"On the whole, the FDA is beginning to realize after a long time that this is an emergency and operating practices of 'X' number of years need to be rethought," said Larry Tate, spokesman for Project Inform, an AIDS activist group in San Francisco.

AIDS activists and doctors contend buyers clubs are vital for patients who cannot wait for FDA approval of potentially life-saving medicine.

The FDA allows individuals to import anti-AIDS drugs from other countries for personal use only. Buyers clubs import medication for resale in quantities that exceed legal amounts. However, the FDA has been reluctant to take action against the clubs.

-- Bay Area Reporter





# In the News

## GMHC Releases TREATMENT ISSUES Compiled Volume

by Arturo Jackson III

The Gay Men's Health Crisis (GMHC) announced the release of a new compiled volume of "Treatment Issues," the agency's highly regarded newsletter reporting on both experimental and standard AIDS therapies. The 193-page bound volume contains every "Treatment Issue" newsletter published between November 1987 and January 1991.

The articles compiled in the "Treatment Issues" volume are divided within five chapters -- Antivirals, Immunomodulators, Descriptions of HIV-related illness, Treatment and Prevention of Infections, and General Interest. High-

lights of the compiled volume include research presentations at the Fourth, Fifth and Sixth International AIDS Conferences, 1988-1990.

The GMHC, the world's oldest and largest AIDS organization, established its Medical Information Department in 1987 to assist individuals living with HIV to stay informed regarding the latest information on AIDS treatments. The first issue of "Treatment Issues," published in November of that year was mailed to 2,000 GMHC clients. "Treatment Issues" is currently published 10 times yearly and currently reaches approximately 16,500 readers including people with HIV infection, researchers, clinicians, medical schools, libraries,

prisons, politicians, AIDS and other social services organizations.

The compilation volume and yearly subscriptions are both available for a suggested donation of \$30 each. To order the compiled volume and subscribe to "Treatment Issues," write to the GMHC, Medical Information Department, 129 West 20th Street, New York, NY, 10011.

*Need some advice?  
Go to ...  
Hellen Handbasket  
on page 3 of this issue.*

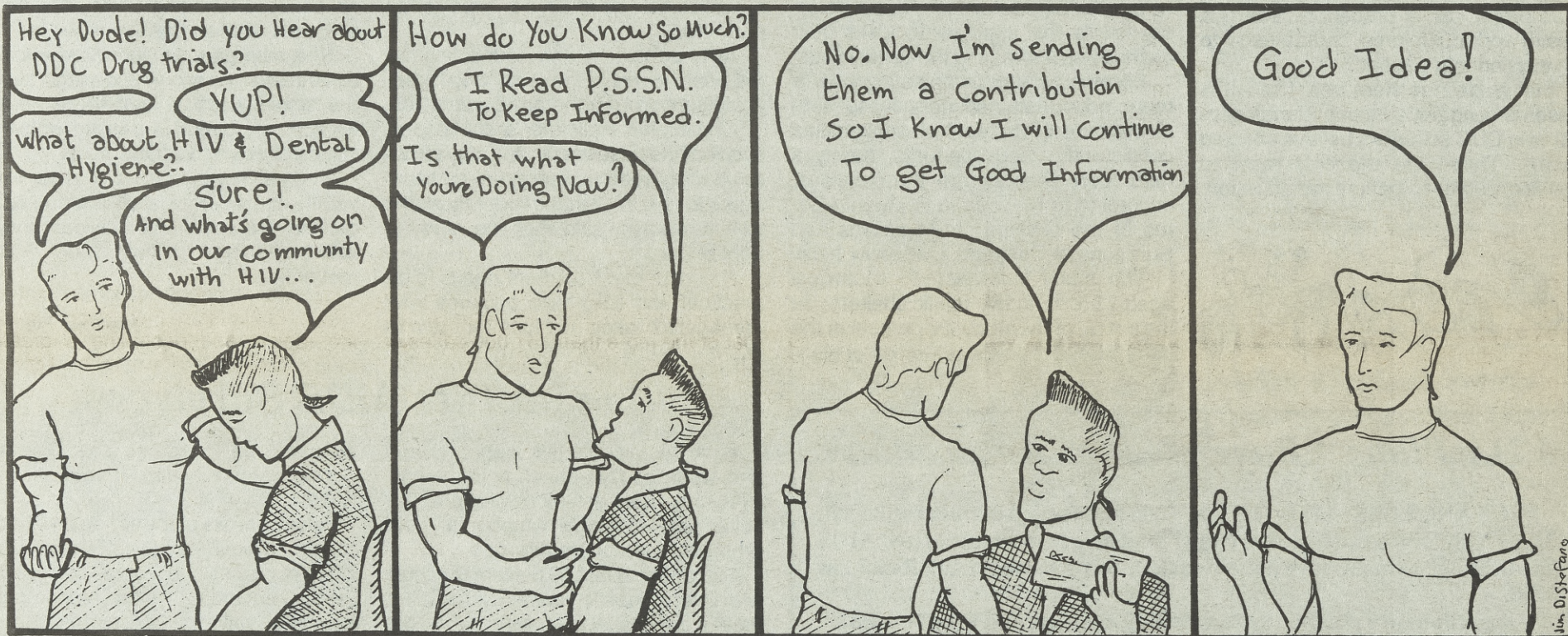
## Resistant TB Persists in AIDS

Resistant tuberculosis continues to plague HIV-infected people, according to a government study.

A study at one hospital found that of 29 patients diagnosed with drug-resistant tuberculosis in 1988 and 1989, 27 also were HIV-infected, the CDC reported in its Morbidity and Mortality Weekly Report.

In 1990, 35 of 36 drug-resistant TB patients were HIV positive, the CDC found.

-- Medical Tribune



## PSSN Subscription Form

☐ I would like to subscribe to PSSN. Enclosed is my check for \$12.00 for a one-year subscription.

☐ I would like to send a gift subscription for PSSN. Enclosed is a check for \$12.00 for a one-year gift subscription.

☐ I am a ☐ Physician ☐ R.N. ☐ PA-C ☐ FNP ☐ LCSW ☐ MFCC ☐ Other \_\_\_\_\_  
and would like to receive multiple copies of PSSN for my patients/clients. Please call me at \_\_\_\_\_

Please make checks payable to PSSN and mail to:



**PSSN**  
c/o LAMBDA Community Center  
P.O. Box 163654  
Sacramento, CA 95816

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_



## Recurring Yeast Infections May Be Sign of AIDS Virus

by Cheryl Clark

Recurring vaginal yeast infections may be a sign of infection with the AIDS virus, and health care workers who see patients with that problem should recommend they be tested, a UCSD specialist on women with AIDS says.

"You may not see other evidence (of AIDS)," says Dr. Shawn Harrity, co-director of the HIV maternal and child health clinic at UCSD Medical Center.

Harrity cited a study which showed vaginal yeast infections occurred more

frequently in a sample of women infected with the AIDS virus than in women who were uninfected.

If that finding is borne out with further studies, recurrent vaginal infections may become one way in which infected women may be alerted to enroll in treatment programs as soon as possible, before more serious symptoms begin to take their toll.

Sexually active women with multiple partners from high-prevalence communities should be recommended for testing.

This is evidence of the increasing interest in studies of infected women to see whether they develop different symptoms of AIDS at an earlier point in the course of their disease than men do.

Harrity said evidence indicates that women develop yeast, or candida infections in the mouth and esophagus much later in the course of the disease, as do men.

Other symptoms of infection in women include pelvic inflammatory disease, human papilloma viruses -- a spectrum of diseases and conditions caused by 66 different viruses -- genital ulcer disease including chancroid, syphilis and herpes infections, cervical dysplasia, menstrual irregularities and infertility.

-- San Diego Union

## Seroconversion Stabilizes in Gays

The seroconversion rate among gay men has stabilized after declining for three years, perhaps reflecting a relapse into risky sexual behaviors.

The rate declined each year between 1985 and 1988 but then plateaued in 1988 and 1989, according to a study in the American Journal of Epidemiology.

Based on a 1 percent seroconversion rate, 42,000 to 87,000 new AIDS infections would occur annually in the United States among gay and bisexual men, the researchers calculated.

-- Medical Tribune

## Hellena

Continued from page 3

she is uniquely disposed to give advice on the widest variety of subjects imaginable. Further (and this is so endearing) she consistently encourages the individual to make decisions based on what is right for them personally, and not merely buy into a "what everybody else thinks" mentality.

Oh! Did I say "GAY POSITIVE"? And "SEX POSITIVE"! If we wanted an "ideal" to model our attitudes about sexuality on (and in this day, age, and country, I believe we do), my vote would be for Pat Califia.

On Coming Out; this is part

of Califia's response to a young man who ends his letter by asking, "Is it worth it for a young guy to come out in the age of AIDS?"

"Yes. Absolutely and unequivocally, yes. Gay people who don't come out lead miserable, frustrating, duplicitous lives. I know because I've gotten letters from men in their sixties who bitterly regret being in the close despite the horrendous amount of persecution gay people suffered when they were young. Don't do this to yourself. You'll always wonder what you missed. You'll never feel really close to anybody because they won't know your secret. Even if you have a good marriage and wonderful children, you won't be able to enjoy them. And you'll make a lot of other people unhappy."

Dear Reader -- BUY THIS BOOK. Reading it may not change your life (although indeed it may) but it will make you very happy that such a resource exists for all of us. Further, it might well provide some helpful suggestions (as well as the answers to

some questions you never thought to ask -- so good for stretching one's boundaries!) Certainly the lack of coyness about sex and human relationships, the authentic and friendly tone of the writing, the joy and exuberance of the advice, and the clear and elegant use of language make this book a "must read" on Miss Hellena's list. Truly, a more worthwhile manner in which to spend \$8.95 would be hard to imagine.

Dear Ms. Pat -- thank you for allowing us to benefit from your sage counsel. We are in your debt.

Yours, sincerely,  
(Miss) Hellena Handbasket

(ADVOCATE ADVISER, copyright 1991 by Pat Califia. Published by Alyson Publications, Inc., Boston.)

Miss Handbasket welcomes your questions on a variety of subjects, including safer sex, HIV, affairs of the heart, social and sexual etiquette, or indeed, any subject you may deem important. Please address your letters to: Miss Hellena Handbasket, c/o PSSN, LAMBDA Community Center, 1931 L Street, Sacramento, California 95814.

## ADVOCATE ADVISER

BY  
PAT  
CALIFIA

AMERICA'S MOST POPULAR GAY  
COLUMNIST TACKLES THE QUESTIONS  
THAT THE OTHERS IGNORE

## CDC

Continued from page 3

thirds of the cases occurring in individuals under 25.

The publication was made available to the media and health professionals in October.

Calling HIV infection, which causes AIDS, "clearly the most serious STD facing the nation," the CDC report noted that of the more than 161,000 cases of AIDS reported through the end of 1990, more than 100,000 have been fatal.

"Numerous studies have illustrated the role of genital lesions (which frequently occur in an STD) in facilitating the transmission of HIV infection. Thus, reducing the number of STDs in areas where HIV prevalence is high can slow the spread of HIV infection."

Cases of primary and secondary syphilis have been increasing annually in the United States since 1986. More than 50,000 cases were reported in 1990, the most cases reported in any year for the past 40 years," the CDC said.

The syphilis increases occurred in



minority populations and last year the rate of syphilis among blacks was more than 56 times higher than the rate among whites.

Gonorrhea, the most frequently reported STD, is showing a downward trend, the CDC said. The 1990 national gonorrhea rate of 277 per 100,000 population was below the 1990 national health objective.

"However, gonorrhea strains that are resistant to penicillin therapy are spreading rapidly and becoming a greater percentage of the total number of gonorrhea cases reported."

And new drugs to treat the resistant strains can be as much as 10 times more expensive than penicillin, the CDC reported.

An estimated 3 million to 4 million Americans suffer from chlamydia infections each year, the health agency said.

"In women, chlamydia and gonorrhea may result in serious long-term health consequences such as pelvic inflammatory disease, infertility, ectopic pregnancy and postpartum infection."

-- Bay Area Reporter

## Smaller

Continued from page 3

to obtain and often outdated. There is no widespread public testing for HIV, and cases usually aren't reported until years after infection when AIDS symptoms show up.

Even Amador County, with a population of only 31,250, hasn't escaped. Four people have died there as a result of AIDS.

The AIDS education effort in the foothills is targeting teenagers, a high-risk group that is simultaneously resistant and receptive.

"The young people are simply not buying into the situation, primarily of the negative sex message," said John Holland, health educator for Nevada County. When it comes to sex, Holland suggested, parents say no, but television

and advertising say yes.

If there has been a breakthrough, according to Dick Wright of the El Dorado County task force, it is that "students don't see it as a gay disease; they see it as a human disease." And despite philosophical and religious obstacles in the community, the AIDS message has become a part of the high school curriculum, he said.

-- Sacramento Bee





# In the News

## Blood Bank AIDS Risk Less Than 1 in 82,000

The risk that blood bank screening tests will fail to detect HIV-contaminated donated blood is less than 1 in 82,000 researchers at the University of California-San Francisco and the Irwin Memorial Blood Bank said recently.

The three-year study, included more than 100,000 blood donations in Northern California. Researchers said they found only one case of HIV-infected blood among 72,000 donations during the first two years of the study.

Contracting the HIV virus from a blood transfusion is "extremely rare," researchers said, in contrast to 10 years ago, when as much as 1 percent of the blood supply may have been contaminated by HIV.

The risk of contracting the virus from donated blood is so low that it should not be any cause for concern.

The risk of contracting hepatitis from a blood transfusion is roughly 50 times greater than that of HIV. It has been estimated that as many as 1 percent of people who receive blood transfusions will contract hepatitis.

## Federal AIDS Policy is Faulted Once Again

by Dolores Kong  
Boston Globe

In a report criticizing federal efforts to combat AIDS, a national AIDS advocacy group charged the Centers for Disease Control (CDC) with succumbing to politics and failing to lead an effective campaign to halt the spread of the disease.

The agency shies away from funding prevention programs that provide sexually explicit information or that target gay men, when that information may be a matter of life and death, the AIDS Action Council report asserted. The CDC also inadequately funds efforts aimed at minorities and women, who also are hard hit by the epidemic.

The report, "Good Intentions: A Report on Federal AIDS Prevention Programs," comes on the heels of a National Commission on AIDS report that criticized the Bush administration and Congress for their lack of leadership.

To address the problem, the Action Council report said, the CDC should evaluate prevention programs' effectiveness in changing behavior; coordinate prevention activities with other federal agencies; properly fund AIDS education programs for gay men; and design effective programs aimed at minorities and women.

A CDC spokesman said agency officials had not yet seen the report.

-- Sacramento Bee

## Vasectomy May Not Halt the Transmission of AIDS

Even men who have had a vasectomy can transmit the AIDS virus during unprotected sex, negating some physicians' hopes that the sterilization procedure could halt spread of the virus from infected men, according to U.S. researchers.

In a study of four AIDS-infected men who underwent the sterilization operation, researchers found traces of HIV in the seminal fluid of one of the men.

Some physicians had thought that HIV is present in semen because it gains access through sperm or because it was present in the vas deferens.

The results indicate that HIV also can gain access to the semen through white blood cells, which are still present in ejaculate after a vasectomy.

"Vasectomized men are potential transmitters of HIV-1, and vasectomy should not be advocated as an approach to reduce the sexual transmission of HIV-1," concluded the team from Brigham and Women's Hospital in Boston, San Francisco General Hospital and the Centers for Disease Control in Atlanta.

-- Medical Tribune

## Women Less Likely to Pass AIDS

Associated Press

CHICAGO -- Heterosexual men infected with the AIDS virus are 17.5 times more likely to give the infection to women during sex than the other way around, San Francisco researchers found.

The study, published in the Journal of the American Medical Association, should prompt a change in focus for AIDS research and prevention efforts, federal health officials said.

Investigators interviewed 72 male partners of infected women and 307 female partners of infected men to determine the rates at which they transmitted HIV, the virus blamed for causing AIDS.

Just one man may have been infected by a woman. Even that case appeared inconclusive since both partners participated in sexual encounters with other partners without condoms or other protection more than 1,000 times over seven years, the researchers reported.

Sixty-one, or 20 percent, of the women had been infected by men, according to the study. Scientists believe the proportion of heterosexually transmitted AIDS cases likely will double in the next decade, from about 7 percent now.

-- Sacramento Bee

# Affirmations



*I am deeply fulfilled  
by all that I do*



*The Point of Power is always  
in the present moment*



*I can release the past  
and forgive everyone*



*There is plenty for everyone,  
including me*



*Every thought I think  
is creating my future*



## Pinch

continued from page 1

people who volunteer time and donate their dollars to get friends and loved ones, and strangers they'll never meet, through the bureaucracy associated with this disease.

Below are some money-saving ideas for people who need them, and some ideas on how to volunteer your time or money.

The **Food Exchange Program** is open to everyone who eats. Thirteen dollars plus two hours volunteered to the community, either by you or on your behalf, will pay for one food box containing about \$40 worth of chicken, vegetables, etc. There's no limit on the number of boxes you may purchase. Call MCC church at 454-4762 for details. The program is also available to Sacramento AIDS Foundation clients (call Shoshana at 448-2437). Money orders or food stamps to purchase the boxes are collected the first week of each month, and the food is distributed approximately the third Saturday of each month.

Also available to AIDS Foundation clients is an **Emergency Food Voucher Fund** that can provide assistance on an emergency basis with grocery purchases. There is a cap on the amount each client can use each year, but the program has proven invaluable to those who can't wait for the monthly Food Exchange delivery. You do not have to be part of the Hand-to-Hand Project and be "matched" to a volunteer to benefit

from this program. The Foundation provides services to people with disabling ARC as well as full-blown AIDS. Donations to the AIDS Foundation's Client Emergency Fund can be sent to them at 1900 K Street, Sacramento, CA 95814.

You do not need to go without telephone service if you're on a limited income (that's when you NEED a phone!). PacBell offers **Universal Lifeline Service** in two plans. "Flat rate" allows unlimited calls each month for about \$4.20, and "measured rate" allows 60 calls per month (averaging two per day) for \$2.25 per month plus 8 cents for each call over 60. For both plans, you must certify each year that you meet income guidelines of less than \$14,300 per year for a household of 1 or 2, \$16,900 for a household of 3, etc. A one-time fee of \$7.50 is charged to set up this service.

PG&E offers **Discounted Utility Service** to those on limited incomes. Households of 1 or 2 with annual income under \$13,600, for example, automatically get 15 percent off their bills when they sign up for PG&E's LIRA Program (low income rate assistance). With a physician's certification, additional savings are available to PG&E customers who need to stay extra warm.

SMUD also offers **Discounted Service** based on income through their Energy Assistance Program Rates. A household of one, for example making less than \$13,900; a household of two making less than \$15,900 etc., is eligible for discounts based on both usage and income. Using, for example, less than

1,000 kilowatts per month, combined with the income discount, could bring savings of up to 28 percent. Additional discounts come through SMUD's "peak use" program, where your air conditioner goes off for a couple of hours on several days during the high-use months of summer. Also available is a Medical Life Support Program. People on the Life Support program may not participate in the peak corps program.

SMUD and PG&E will not shut off service for non-payment of bills without first having worked closely with you to adjust the bill, to make sure you're participating in all discounted programs available to you, and to provide you with the names of local businesses or organizations which could offer an emergency grant to resolve the bill. Speak with officials of both companies about having your bills pro-rated over the year, so that you can budget an exact amount each month to pay them, rather than having fluctuating bills every month. Then at the end of the year you can more easily resolve any adjustments that need to be made. If you get into an emergency financial bind, call them to let them know of your situation; they will ordinarily contact you as many as three times to discuss any delinquency, but don't simply not pay your bill.

The **Stan Hadden Fund** at CARES clinic has recently been established to offset the costs of medical services that CARES clients simply can't afford to pay for. Donations to the fund now amount to just over \$2,000. Once \$5,000 has been raised, the interest that this

amount generates, as well as the interest on all other amounts donated, will be used to directly offset the outstanding bills of CARES clients. Contributions to this direct service program opened in Stan's name are a great way to join with him in all he gives to our community.

The **Fairy Godfather Fund** assures that everyone who is hospitalized at the UCD Medical Center with an AIDS-related illness will have access to a television should he or she want one. At \$3 per day per person for TV rental, for a ward that is often filled with those going through time of crisis or finding themselves at the end of their lives, this need is on-going and the fund in constant need of renewal. Donations can be sent c/o La Kish Hayworth, 1708 N Street, #8, Sacramento 95814.

Please give freely to these efforts if you're able. With state and county government funding continually cut, and the projection that the number of people with AIDS could triple over the next year or two, the burden of the AIDS crisis continues to rest on volunteers and financial donors. Your time and dollars are enormously appreciated.

People with AIDS and ARC must not feel awkward about seeking assistance from local companies and agencies if their bills get out of hand or they need groceries. When things get too tight, speak up!

## Women

Continued from page 1

lished by Congress, last August released its report on AIDS and drug use with three recommendations: treatment on demand for drug addicts, legal, over-the-counter sale of needles and syringes, and a program to exchange needles and syringes to keep addicts from infecting each other with shared injection equipment.

Osborn also warned about the consequences of neglecting to provide drug treatment to those in prisons and jails. Every year, she said, 9 million people move through the prison system, many of them infected drug users who can spread the human immunodeficiency virus that causes AIDS.

Despite that, she said, the incarcerated have no access to drug treatment.

Osborn predicted "tragic health consequences (resulting) from dealing with prisoners as if they are a throw-away people."

As an example of what might happen if the spread of the AIDS virus among drug users is not stopped, Osborn pointed to Thailand, where in January 1988, only 1 percent of the intravenous drug users were infected. Eighteen months later, she said, that number had risen to 50 percent, "and spreading rapidly through the sex industry ... The epidemic there is out of control."

-- San Diego Union

## Drug

Continued from page 1

Conant, a San Francisco physician, "but we've definitely seen patients die from ddl." "The honest answer is that time will tell," stated Bruce Ross, president of Bristol-Myers' U.S. pharmaceutical operations. "Meanwhile, it gives people who cannot tolerate AZT a choice."

The FDA approval of ddl will eventually phase out the free distribution for clinical research trials of the drug. Almost 24,000 American patients have participated in trials in which 8,000 remain alive. Bristol-Myers announced that it will phase out the free program over a 10-week period to allow patients to arrange insurance or Medicaid coverage for the drug. Individuals without insurance coverage may qualify for a company sponsored program which will continue to provide ddl at no charge.



## Letters

from page 2

HIV-parole violators go the reception center to be processed and HIV+ PV's go to the infirmary to vegetate. I can say honestly that DVI has the most inept medical staff that I have ever seen in the California Department of Corrections. The doctor's favorite saying is "it's probably the virus" and you should be transferring to Vacaville soon, some people have heard this line for up to 12 weeks.

I guess I was lucky I only had to heart it for seven weeks. As for nursing you have to pay very close attention to what medications are being passed, it's not unusual to receive the wrong medication, your neighbor's, the bottle next to the bottle, etc. You would swear that one of the required courses is passing the buck. Why assist a patient if you can get another nurse to do it, maybe? I arrived at CMF August 29, 1991 and it was a week before I saw a doctor. She had worked 12 hours before I saw her and was going on maternity leave the following day. Although she's an excellent doctor those were not the best conditions to see her.

Where were the other two doctors, one on the acute care ward and the other at a meeting? There's a lot of meetings the state seems to think they are more important than treating

patients. This was approximately September 5, 1991 and I was told I would have a biopsy taken to determine if I have Caposis Sarcoma and so I could begin treatment. It's October 3, 1991 and I still have not had a biopsy or treatment. My foot continues to swell and the fear remains that I may lose my foot. In the meantime I've had a gum infection that's been untreatable and the only reason I saw a doctor then is a nurse begged the doctor from the acute ward to see me.

My gum condition continued to worsen and it took six attempts in almost a two-week period to see the doctor who works this unit. We are told the less stress we are under the better for coping with our illness to say the least we are under a great deal of stress. Our only hope is that through publications such as yours that we may attract the attention we need to make a difference in the treatment or should I say the lack of treatment received.

Sincerely,  
Bobby D. Bailey





# Classified Ads

Free numerology chart, send full name on birth certificate. Allow me to nourish your soul: Charles Perry, E-91467, P.O. Box 2000, Vacaville, CA 95696. Be kind to your soul.

*Ads encouraging unsafe sex practices, drugs and drinking, or those containing information deemed by the Editors to be of a derogatory or discriminatory nature in terms of race, HIV status, or other similar issue, will be rejected.*

Clothing ... Sacramentans with AIDS or ARC who are in need of clothing -- shirts, sweaters (size medium and large), beautiful business suits, shoes (size 11), jeans, pants (size 32, 33), donated by the family of a young man who recently died of AIDS -- please leave message for Sonya at 863-2518, Voicemail x-AIDS.

## Free Classified Ads Next Issue!

Print ad as follows:

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Signature

SEND TO: PSSN Classifieds  
Lambda Community Center  
Box 189306  
Sacramento, CA 95818

## Want to Stop Smoking?

Too busy to take a 7-week clinic?

The LAMBDA Center is now offering a Self-Help Program for our community!

- \* A one time orientation meeting available any Monday 5:30
- \* Full program packet FREE
- \* Bob Hall, Licensed counselor available for free individual help.
- \* Free drop-in support group available, when you need that extra help!

**Call Sue or Ron at the Center,  
442-0185 for more info or  
just show up any Monday at 5:30pm,  
1931 L St., Sacramento**

# LAMBDA COMMUNITY CENTER

20th & L Streets

**Serving the gay and lesbian  
community since 1986**

## CENTER PROGRAMS

### COMING OUT/MEN

Mondays 5:30-7:00 pm, at the Center, 1931 L St., Sacramento. Support group viewing "Coming Out" as a life-long process.

### COMING OUT/WOMEN

Thursdays 6:00-7:30 pm, at the Center. Lesbian support group viewing "Coming Out" as a life-long process. Childcare available.

### WOMEN'S RAP GROUP

Mondays 7-9 pm at the Center. Social support group for lesbians with weekly topics and a monthly potluck.

### BEING ALIVE LIVING ROOM

Thursdays 2-5 pm at the Center. Drop-in social time for PWA or HIV+ persons.

### YOUTH RAP GROUP

Fridays 5:45 pm at the Center, Social support group for gay, lesbian, or bisexual youth under 21.

### COMMUNITY OUTREACH AIDS RESPONSE PROGRAMS

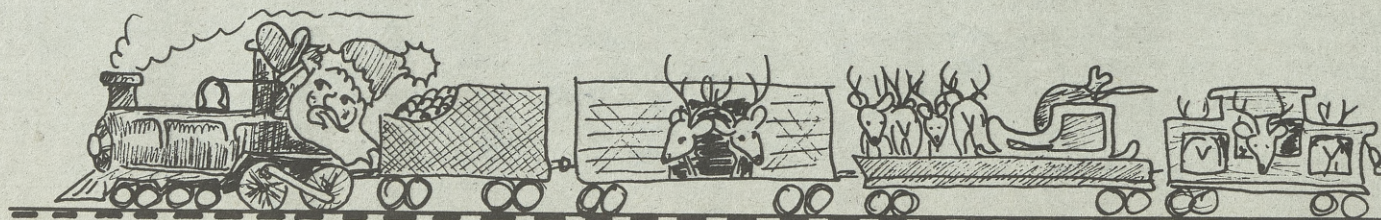
Wed., Fri., Sat., Sun., times vary, so give us a call if you would like to join us!

### It's Easy for You to Help!

Donations can be deducted from your payroll and designated for the LAMBDA Fund. Volunteers are need for phones and outreach.

# 442-0185

*Seasons greetings and all best wishes  
for a happy, healthy, and prosperous 1992!*



from the staff and volunteers  
of the LAMBDA Community Center AIDS Response Programs